

**College Transcript Request Form**  
*Submit this form to your College Registrar's Office*

To Registrar: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Name of School)

From:

\_\_\_\_\_  
Last Name First Name Previous Name

\_\_\_\_\_  
Street Address City State Zip

Last Date of Attendance: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE SEND AN OFFICIAL TRANSCRIPT TO:**

*Eastern Idaho Technical College  
Office of the Registrar  
1600 South 25<sup>th</sup> East  
Idaho Falls, Idaho 83404*

\_\_\_\_\_  
Signature of Student Date

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