

**Eastern Idaho Technical College Transcript Request Form**  
(Formerly Eastern Idaho Vocational Technical School)

**Read the following information carefully:** Complete, sign, and return this form to EITC with a **\$5.00 payment** for each request. Transcripts are processed within **7-10 business days**. Mail the completed request to 1600 South 25<sup>th</sup> East, Idaho Falls, ID 83404, or **fax to 208-525-7026**. If you have any questions please call toll free 1-800-662-0261 or 208-524-3000 ext.3371. (Applicant is responsible for providing the correct information for the following). A photo ID will be required if you come in to pick up your transcripts.

**SECTION I: CURRENT INFORMATION:**

Full Name: \_\_\_\_\_  
Last First Middle Other

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION II: EDUCATION INFORMATION:**

Name(s) used during enrollment at EITC and/or other names your records may show: \_\_\_\_\_

Type of Transcript:  EITC  GED  Tech Prep  WFT/CE Program(s): \_\_\_\_\_

Year Last Attended EITC: \_\_\_\_\_ Did you earn a degree? \_\_\_\_\_

Degree Title: \_\_\_\_\_

**SECTION III: MAIL TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

**SECTION IV: PAYMENT INFORMATION:**

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Card Verification Code: \_\_\_\_\_

MasterCard  Visa  Discover  American Express

**\*\*\*DO NOT COMPLETE SHADED AREA BELOW LINE\*\*\***

**SECTION V: CERTIFICATION STATEMENT: (if picked up in person)**

I certify that I am the person named in Section I of this document. I understand that the knowledge and willful request for acquisition of a record pertaining to any individual under false pretense is a Criminal Offense under the Privacy Act of 1974 (5U.S. 552a) and could result in a \$5,000 fine to any individual found guilty of this offense.

\_\_\_\_\_  
Student's Printed Name Student Signature

\_\_\_\_\_  
Signature of person issuing transcript (signing this line ensures that student has shown proof of identification) Date

**Date Received:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_ **Sender's Initials:** \_\_\_\_\_