Eastern Idaho Technical College Transcript Request Form

(Formerly Eastern Idaho Vocational Technical School)

Read the following information carefully: *A picture ID will be required if you come in to pick up your transcripts. Please complete, sign, and return this form to EITC with a $2.00 payment for each request. Transcripts are processed within 7-10 days and may be picked up at the Student Services Office on the EITC Campus. You can mail the request to1600 South 25th East, Idaho Falls, Idaho 83404, or fax to* ***208-525-7026****. If you have any questions please call toll free 1-800-662-0261 extension 3476. We DO NOT accept American Express for payment. (Applicant is responsible for providing the correct information for the following).*

SECTION I: CURRENT INFORMATION:

Full Name: _____
Last First Middle Other

Social Security Number: _____ Date of Birth:_____

Address:_____
City State Zip Code

Phone:_____ Business Phone:_____

E-Mail Address:_____ Alternate Phone:_____

SECTION II: EDUCATION INFORMATION

Name used during enrollment at EITC:_____

Other names your records may show:_____

Program(s):_____ Enrollment Dates:_____

Did you earn a degree?_____ Degree Title:_____

Signature: _____

SECTION III: SEND TO THE FOLLOWING:

Name: _____

_____
Address City State Zip Code

_____ _____
Contact Phone Contact Fax

SECTION IV: CERTIFICATION STATEMENT: (picked up in person) ***Date:*** _____

I certify that I am _____ the person named in Section I of this document and I hereby authorize the release of the transcript(s) information indicated in Section II to the person/agency indicated in Section III of this document. I the undersigned 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 (DO NOT SIGN UNTIL TRANSCRIPT IS ISSUED TO YOU)*

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

SECTION V: PAYMENT INFORMATION:

Credit Card Type:_____ Credit Card #: _____ Exp. Date: ____/____
(Sorry, we cannot accept American Express)

Date Received:_____ ***Sent Date:_____*** ***Sender's Initials: _____***