Official High School Transcript should be mailed AFTER Graduation date has been posted

REQUEST FOR TRANSCRIPT

TO: Institution/High School _____

Address _____

City, State, Zip _____

Please forward an official copy of my transcript to the Office of Admission, Ivy Tech Community College of Indiana at the following address (student, please circle appropriate campus):

Madison Campus

Ivy Tech Community College of Indiana
Office of Admissions
590 Ivy Tech Drive
Madison Indiana 47250
Fax 812-265-4028

Lawrenceburg/Batesville Campus

Ivy Tech Community College of Indiana
Office of Admissions
50 Walnut Street
Lawrenceburg Indiana 47025
Fax: 812-537-0993

The following information is furnished to assist in locating my records:

1. Name while enrolled _____
   First Middle Maiden Last

   Current name if different from above _____

   SSN _____ - _____ - _____
2. Parent's or Guardian's Name _____
3. Date of first Attendance _____

   Date of last Attendance _____
4. Graduate: ( ) YES ( ) NO *If no, the last grade completed was* _____
5. Date of Birth _____
   Month Day Year
6. Other information that would assist in locating my records:

   _____

   _____

   _____

I hereby authorize release of my official transcript to Ivy Tech Community College of Indiana

Signature _____

NOTE TO REGISTRAR:
Please make a copy of this form and return it with the requested Official Transcript to Ivy Tech Community College of Indiana at the above address circled.