

Request for Transcript* For Employees

*Some schools require a processing fee. The employee is responsible for ordering his/her official transcript from the High School, College, University, or Testing Agency and for paying any processing fees.

This request is addressed to:			
Name of High School, College, U	niversity, or Testing Agency		
Address	City	State	Zip Code
I have accepted employment wit institution to the Collin College I Resources in one of the followin	luman Resources Office. Offici	·	
 Hand-delivered in sealed Emailed directly to HR_ from the degree grantin 		nagement Office cation Center te 339 75069 e degree granting ins nk to access the trans	stitution script must be sent directly
If there is some reason why the		to Collin College, pla	•
PLEASE ATTACH THIS FORM TO THE REQUESTED TRANSCRIPT			
PRINT: Last Name	First	M	iddle
Indicate any other names used (include nicknames)			aiden Name
Date of Birth	Place of Birth	Sc	ocial Security Number
Dates of Attendance		If	graduated, give dates
Employee Signature	 Date		