



## REQUEST FOR ACADEMIC TRANSCRIPT

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Date of Attendance (if known): \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Student Signature: \_\_\_\_\_

I am requesting that an official academic transcript be mailed to:

**Please Print**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

*Please allow 10 business days for processing. Official transcripts cannot be emailed nor faxed.*

***Please Note: If you attended school in Colorado, Indiana, or Massachusetts, and have a balance owed to Empire Education Group, per state law a transcript cannot be sent.***

### Directions for Students:

Mail to:  
Empire Education Group  
Attention: Student Services  
PO Box 2002  
Pottsville, PA 17901

Or

Fax 570-429-4256

**Do not email form.**