



REQUEST FOR ACADEMIC TRANSCRIPT

Date: _____ Social Security #: _____

Student Name: _____

Date of Attendance: _____

Student Phone Number: _____

Email Address _____

Student Signature: _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip : _____

Directions for Students:

A fee of \$10.00 is required to process the request. Attach a copy of your paid receipt, check and/or money order made payable to Empire Education Group. **To pay over the phone with a credit/debit card, please call 800-223-3271 ext 2144, or pay online at Empire.edu link is at bottom right corner.**

Please allow a minimum of 24-48 hours for processing. During peak times, please allow 3-5 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.

**Mail to:
Empire Education Group
396 Pottsville-St. Clair Highway
Pottsville, PA 17901
Attention: Student Services**

Or

Fax 570-429-4256

Do not email form.