



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 unofficial academic transcript be mailed to:

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip : _____

I am requesting that an unofficial academic transcript be emailed or faxed to:

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
PO Box 2002
Pottsville, PA 17901
Attention: Student Services

Or

Fax 570-429-4256

Do not email form.