

Eastern Idaho Technical College Transcript Request Form
(Formerly Eastern Idaho Vocational Technical School)

Read the following information carefully: Complete, sign, and return this form to EITC with a \$5.00 payment for each request. Transcripts are processed within 7-10 days. Mail the completed request to 1600 South 25th East, Idaho Falls, ID 83404, or fax to **208-525-7026**. If you have any questions please call toll free 1-800-662-0261 extension 3476. We **DO NOT** accept American Express for payment. (Applicant is responsible for providing the correct information for the following). A picture ID will be required if you come in to pick up your transcripts.

SECTION I: CURRENT INFORMATION:

Full Name: _____
Last First Middle Other

Social Security Number: _____ Date of Birth: _____

Address: _____
Number and Street City State Zip Code

Phone: _____ Business Phone: _____

E-Mail Address: _____ Alternate Phone: _____

Signature: _____ **Date:** _____

SECTION II: EDUCATION INFORMATION:

Name(s) used during enrollment at EITC and/or other names your records may show: _____

Type of Transcript: EITC GED Tech Prep WFT/CE Program(s): _____

Year Last Attended EITC: _____ Did you earn a degree? _____

Degree Title: _____

SECTION III: MAIL TO:

Name: _____

Address: _____
Number and Street City State Zip Code

Contact Phone: _____ Contact Fax: _____

SECTION IV: PAYMENT INFORMATION: (Sorry, we cannot accept American Express)

Card #: _____ Exp. Date: ____/____ Billing Zip Code: _____
MasterCard Visa Discover

*****DO NOT COMPLETE SHADED AREA BELOW LINE*****

SECTION V: CERTIFICATION STATEMENT: (if picked up in person)

I certify that I am the person named in Section I of this document. I understand that the knowledge and willful request for acquisition of a record pertaining to any individual under false pretense is a Criminal Offense under the Privacy Act of 1974 (5U.S. 552a) and could result in a \$5,000 fine to any individual found guilty of this offense.

Student's Printed Name Student Signature

Signature of person issuing transcript (signing this line ensures that student has shown proof of identification) Date

Date Received: _____ **Date Sent:** _____ **Sender's Initials:** _____