



EASTERN IDAHO TECHNICAL COLLEGE TECH PREP TRANSCRIPT REQUEST

Full Name: _____
Last First Middle Other

Social Security Number: _____ **Date of Birth:** _____

Address: _____
Number and Street City State Zip Code

High School: _____ **High School Grad Year:** _____

Phone: _____ **Cell Phone:** _____

Signature: _____ **Date:** _____

EITC COURSES TO BE TRANSCRIPTED			
EITC Course #	EITC Course Name	Credits	Total Cost for Course (\$10 per credit if not attending EITC)
		_____ X \$10	= \$
		_____ X \$10	= \$
		_____ X \$10	= \$
		_____ X \$10	= \$
		_____ X \$10	= \$
			Total \$ <i>(One Time Charge Only)</i>

Payment Method:	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Check #	Amount Received	Card #	Card Type <i>(Excludes American Express)</i>
			Exp. Date

I hereby request a copy of my Eastern Idaho Technical College transcript:

_____ **For my personal records**

_____ **To be sent to:**

Name of college _____

Address _____

Attention: _____

Please return this form to: **Tech Prep Coordinator**
Eastern Idaho Technical College
1600 S. 25th E.
Idaho Falls, ID 83404

<i>(For office use only)</i>			
Date Transcript Request Received	_____	Date Transcript Mailed	_____
Date Money Received	_____	Payment Type	_____
	Amount	_____	POS#