

Transcript Release Form

(complete all applicable areas)

The original transcript(s) must be returned to the Office of the Provost for the faculty member's employment records. By way of signature on this form, the party requesting this transcript(s) agrees to return the original documents by hand delivery to the Office of the Provost. Please note the transcript will only be released to the person signing the form and photo identification is required.

The original transcript(s) for faculty member _____ has been released from the Office of the Provost to _____ for the following reason:

Please print reason: _____

Transcript released to:

Please print: _____

Signature/Title/Date: _____

Phone Number: _____

To be completed by Provost Office personnel only:

Signature _____ **Date** _____

Transcript returned on: _____

Signature: _____ **Date:** _____