CAPRI INSTITUTE

TRANSCRIPT REQUEST

1. **Please print out the web form below.** ***Complete and mail your request along with your choice of payment to your specific CAPRI campus of graduation, ATTN: TRANSCRIPT REQUEST.***
2. **Please visit the "Contact Us" page on our website for your campus' specific mailing address.**
3. Please indicate at the bottom of the page if you are requesting an **Academic Transcript** or a **Financial Aid Transcript.**

Fees: $25.00 per transcript, **$15.00 per additional copy**
Turn around time: 2-3 weeks
Methods of payment: Check, Money Order, Credit Card (VISA, MASTERCARD ONLY)
Checks and Money Orders are made **payable to: CAPRI INSTITUTE**

(*Required Information)

***CAPRI Campus you graduated at:** _____
***Last Name,** at time you attended**:** _____
***Current Last Name,** if different**:** _____
***First Name:** _____
***Street Address:** _____
_____
***City:** _____
***State:** _____
***Zip Code:** _____
Cell Phone Number: _____
***Alternate Phone Number:** _____
***Email Address:** _____@ _____
***Social Security Number:** _____-_____-_____

If transcripts are to be sent to a third party, please complete below:

Agency/Employer/Institution Name: _____
To the attention of: _____
Street Address: _____
_____
City: _____
State: _____
Zip Code: _____

If your payment is by Credit Card, please complete below:

Credit Card Type: _____
Credit Card Number: _____
Expiration Date: _____/_____

Number of additional copies, if needed : _____
($15 per copy)

YOU MUST SIGN YOUR NAME & DATE THIS FORM IN ORDER FOR YOUR REQUEST TO PROCESS:

_____ _____
SIGNATURE *DATE*

Please indicate if transcript request is Academic or Financial Aid and if needed, please state any additional requirements below:

_____

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