Transcript Request Form

Use this form to request a copy of your official EAC transcript. Use a separate form for each address. Please print information legibly in ink.

Name: (Last    First    Middle    [Maiden or Previous Name])

Address: (P.O. Box or Street    City    State    ZIP)

Phone: Home: Business: E-Mail:

Student ID: (This may be your Social Security Number) Birth Date:

Date(s) enrolled: □ Send now □ Send after current grades are recorded

Student Signature (Required for Release):

Mail transcript to:

Transcript fees payable in advance, $5/each by check or credit/debit card from MasterCard or Visa.

Number of Copies Requested: _______________ Total fee(s) paid $ ____________________________

Credit Card #: ____________________________ Exp. Date ________ Security Code ____________

Billing Zip Code: __________ Card Owner Signature: _______________________________________

Return this completed Transcript Request Form to:

Eastern Arizona College
Records and Registration Office
615 N. Stadium Ave
Thatcher, AZ 85552-0769

Or, by FAX at (928) 428-3729

For EAC Records and Registration Office Use:
❑ Sent to addressee
❑ Enclosed is your EAC transcript
Transmittal date: __________________________