



# OFFICIAL/UNOFFICIAL Transcript Request Form

## INSTRUCTIONS:

1. The student is responsible for completing this Transcript Request Form
2. Sign and date the bottom of this form
3. Submit this completed form to our Corporate Office at the email/fax below:  
**E: Student-transcriptrequest@anthem.edu**  
**F: (800) 606-4045**

**\*\*Please note that transcript requests may take up to 10 business days to process. However, based on the request type, we can expedite the processing time.**

<b>1 STUDENT INFORMATION</b>			
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
PREVIOUS NAME(S):			DATE OF BIRTH:
ADDRESS:			
	(STREET)	(CITY)	(STATE) (ZIP)
SOCIAL SECURITY NUMBER:			

<b>2 ATTENDANCE INFORMATION</b>	
CAMPUS ATTENDED:	APPROX. DATE OF ATTENDANCE:
PROGRAM ATTENDED:	

<b>3 PICK-UP AND DELIVERY INFORMATION</b>			
<input type="checkbox"/> PLEASE SEND TO STUDENT'S ADDRESS ABOVE <input type="checkbox"/> PLEASE SEND TO ALTERNATE ADDRESS BELOW			
NAME:		NAME:	
ATTENTION:		ATTENTION:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
CONTACT NUMBER:		CONTACT NUMBER:	
Address 1: <input type="checkbox"/> OFFICIAL		Address 1: <input type="checkbox"/> OFFICIAL	
<input type="checkbox"/> UNOFFICIAL		<input type="checkbox"/> UNOFFICIAL	
(Only official transcripts are embossed, signed, and bear the school seal.)			

<b>4</b>
_____
<b>Student's Signature</b>
_____
<b>Date</b>

<b>OFFICE USE ONLY</b>	
Date Received:	_____
Date Processed:	_____
Processor:	_____



## DIPLOMA/DEGREE REQUEST FORM

### INSTRUCTIONS:

1. The student is responsible for completing this Diploma/Degree Request Form
2. Sign and date the bottom of this form
3. Submit this completed form to our Corporate Office at the email/fax below:  
E: [Student-transcriptrequest@anthem.edu](mailto:Student-transcriptrequest@anthem.edu)  
F: (800) 606-4045

**\*\*Please note that Diploma/Degree Requests will take up to 2 weeks to process.**

### 1 STUDENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
PREVIOUS NAME(S): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

### 2 ATTENDANCE INFORMATION

CAMPUS ATTENDED: \_\_\_\_\_ APPROX. DATE OF ATTENDANCE: \_\_\_\_\_  
PROGRAM ATTENDED: \_\_\_\_\_ APPROX. GRAD DATE: \_\_\_\_\_

### 3 PICK-UP AND DELIVERY INFORMATION

- PLEASE SEND TO STUDENT'S ADDRESS ABOVE  
 PLEASE SEND TO ALTERNATE ADDRESS BELOW

NAME: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Date Received: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Processor: \_\_\_\_\_