

Request for Transcript* For Associate Faculty

*Some schools require a processing fee. The employee is responsible for ordering his/her official transcript from the High School, College, University, or Testing Agency and for paying any processing fees.

This request is addressed to:				
Name of High School, College, Unive	ersity, or Testing Agency			
Address	City	State	Zip Code	
I have accepted employment with C institution to the Collin College Hun Resources in one of the following fo	nan Resources Office. Office			
Mailed directly to HR from t	Jonene Kem _l Human Resources	o Office	of	
	Collin College – Higher Edu 3452 Spur 399, 3 rd McKinney, Texas	Floor		
institution)	tterhead envelopes from the link to access the transcript	e degree granting in must be sent direct	stitution tly from the degree granting Electronic Transcript Network	
f there is some reason why the tran			•	
☐ More information necessary☐ No record of student☐ Other reasons, please ex				
PLEASE A	TTACH THIS FORM TO THE	REQUESTED TRANS	SCRIPT	
PRINT: Last Name	First	M	iddle	
Indicate any other names used (include nicknames)			aiden Name	
Date of Birth Place of Birth			ocial Security Number	
Dates of Attendance			If graduated, give dates	
Employee/Student Signature		— Da	ete	