

Request for Transcript* For Full-time Employees

*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. Offic		• • •	
Mailed directly to HR from to		on to the attention	of	
	Cherie Hill Human Resources	Office		
	Collin College – Higher Edu			
	3452 Spur 399, 3 rd			
	McKinney, Texas	75069		
 Hand-delivered in sealed let Emailed directly to HR (URL institution) 	•		stitution tly from the degree granting	
•	ollege Registrars' Office thro	ugh the authorized	Electronic Transcript Network	
If there is some reason why the trar	nscript cannot be forwarded	to Collin College, p	lease indicate below:	
More information necessary	_			
✓ More information necessary✓ Student owes school✓ Other reasons, plea			•	
No record or student	Other reas	ons, pieuse expluin.		
PLEASE A	TTACH THIS FORM TO THE	REQUESTED TRANS	CCRIPT	
PRINT: Last Name	First	М	iddle	
Indicate any other names used (include nicknames)			aiden Name	
Date of Birth Place of Birth			saial Caguritus Numahar	
Plate OI DII (II Plat	LE OI DII III	50	ocial Security Number	
Dates of Attendance			If graduated, give dates	
Employee/Student Signature		 Da	ete	