

Circle of Independent Learning (COIL)

**Request for Un-Official Transcript**

**Office Use Only:**

Date Transcript Sent: \_\_\_\_\_

Hand Delivered/Pick-Up: \_\_\_\_\_

Recorder's Initials: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

ID # of Current Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:

**(Required only if transcripts are to be mailed to you)**

\_\_\_\_\_  
Address City State Zip

***Check which apply: (Allow 5 working days for processing)***

- I will pick up my transcript(s) on \_\_\_\_\_ date.
- Mail my transcript(s) to me at the above address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date