8120 Carroll Avenue, Takoma Park, MD 20912
301.434.4700
www.ta.edu
mrevollo@ta.edu

Transcript Request Form

Former Students

INSTRUCTIONS

Use this form to request the release of your academic records to another educational institution. Transcripts will be sent within 3-5 business days.

Transcript fee: $10.00

STUDENT INFORMATION

Student's Full Name: _____

Dates of Attendance at TA: _____

Date of Birth: _____ Year Graduated: _____

Student's Signature: _____

Parent's Signature (if student is under 18): _____

College/University/Company Name	Insert Email Address or Mailing Address to Send Trancript

For Office Use Only

Request Received: ____/____/20____

Transcript Mailed: ____/____/20____

Transcript fee: ☐ paid ☐ waived

Fee paid by: ☐ cash ☐ check ☐ Xpress-Pay