REQUEST FOR OFFICIAL TRANSCRIPT

This form should be used to request a copy of your training transcript. Failure to provide all required information may delay the processing of your request.

Student’s Name and Address*

-Mail ___ transcript(s) to my address.
-Email ___ transcript(s) to my address.
-Mail ___ transcript(s) to 3rd party.
-HOLD for Pick Up

INFORMATION ABOUT PROCESSING YOUR TRANSCRIPT

➢ Transcripts are released only when accompanied by a SIGNED request form from the student.
➢ Your accounts with Skybridge MUST be current or your transcript will be WITHHELD.
➢ Allow SEVEN working days for processing. Requests will be honored as quickly as possible in the order of receipt.
➢ During peak periods there will be some delay in excess of seven days but not to exceed 14 days.
➢ All your work at Skybridge is considered one transcript. There is no fee for transcript unless requesting SAME DAY SERVICE which is $10.00 fee payable by cash or charge only.

INFORMATION NEEDED TO EFFICIENTLY PROCESS YOUR TRANSCRIPT

DATES/Courses ATTENDED:

SPECIFY ALL CEU(s) seeking or earned:

PHONE NUMBER*:

E-MAIL ADDRESS* (Please add us to your list of safe senders & plan to confirm receipt):

MAIDEN NAME (if applicable):

SIGNATURE*:

Third Party Mailing Address:

Office Use Only

Date Sent:
Amount Received: $