



## TRANSCRIPT REQUEST FORM

### REQUEST FROM:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year of Attendance: \_\_\_\_\_  
Course(s): \_\_\_\_\_

I, \_\_\_\_\_, give \_\_\_\_\_ permission to  
(student's name) (school providing transcript)

send \_\_\_\_\_ copies of my official transcript to the name and address identified below.  
(number)

\_\_\_\_\_  
(signature, date)

### WHERE TRANSCRIPTS SHOULD BE SENT (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: that one two forms of identification is required with this request

\*\* Please fill this form then email to: registrar@adraceu.com or contact Records Office at 1-703-584-5504 once you submit this request form. \$10 for each copy. Thank you.\*\*