



Transcript Request

Capitol Technology University, Laurel Maryland

Personal Data

Allow one week for processing. A fee of \$10 per transcript must accompany each request. For your security, credit card information should not be included on this form. The Business Office accepts credit card information via phone or check/money orders made payable to Capitol Technology University by mail.

Last name _____ First _____ Name used previously if different _____

Current address _____

City _____ State _____ ZIP code _____

Telephone (_____) _____ Email _____ Student number _____

Dates of attendance _____ to _____ Undergraduate Graduate Other

I hereby authorize the Office of Registration and Records to release _____ copy(s) of my transcript to the requested recipient below.

Please check one:

- I will pick up my transcript(s)
- Office of Registration and Records will mail my transcript(s) to the following address:

Address _____

City _____ State _____ ZIP code _____

Applicant's signature _____ Date _____

For Office Use Only

Fee received \$ _____ Business Office Clearance _____ Date _____

Prepared and mailed by _____ Date _____

Action denied due to _____

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| <p>Capitol Technology University 11301 Springfield Road, Laurel, Maryland 20708 / Phone: 301-369-2313 Fax: 301-369-2310 Email: registrar@captechu.edu</p> |
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