Official Transcripts will be:		nscripts will be: to me (will need to p	provide	
Picked up by designated person (ID required) Mail via US Mail	└─ address i ┌─ Faxed to	n Unofficial Transcrip recipient (will need t Inofficial Transcript s	ot section) Number of Transo	cript(s) to be sent
Please Print Clearly			All B	lanks Must Be Completed
*Student Name (Last, First Middle)		*500	cial Security # (last 4 digits)	XXX-XX -
*Street Address			*Phone Number	
*City	e *Zip	Code	E-mai l	
Program of Study		Graduate	? Yes	No
Date Attended FROM		Date Attended TO		
ITI provides TWO FREE transcripts per o			(If unknown, use approxima	
Unofficial Transcript Section Recipient's Fax		Recipient's E-mail		
		·		
Official Transcript Section Picked Up				
Person designated to pick up transcript (ID required	(t			
Mail Transcript To:				
Name/School/Organization				
*Street Address				
*City	*State		*Zip Code	
For Additional Addresses, attach additional page)		,	
*Signature of Student			*Date	
*Required Fields	Allow 48 Business	Hours Process Tir	ne	

Please Mail, Fax, or E-mail Transcript Request To: Transcript Request 13944 Airline Highway Baton Rouge, LA 70817 Phone: (225) 752-4233 Fax: (225) 756-0903

E-mail: reception@iticollege.edu

Transcripts are disseminated as long as all financial obligations have been met. The school does not release transcripts on any previously enrolled student who has not met their financial obligations to the school as determined by the Accounting Department.