Office of the Registrar
11301 Springfield Road
Laurel, Maryland 20708
Phone: 301-369-2313
Fax: 301-369-2310
Email: registrar@captechu.edu

Transcript Request Form

Allow one week for processing. Records from the year 2000 and earlier are archived and may require additional processing time. A receipt for $10 per official transcript must accompany each request. The Business Office accepts credit card information via phone, check/money orders made payable to Capitol Technology University by mail or payment via the MyCapitol portal for current students. All financial obligations must be cleared before a transcript request is processed.

Current Name: _____
First Middle Last

Former name used while attending Capitol (if applicable):_____

Current Address: _____

_____

_____

Telephone: (____) _____Email:_____ Student ID: _____

Year of Attendance: _____ to _____

Number of transcripts requested: _____

Please check one:

☐ I will pick up my transcript(s)

☐ Please mail my transcript(s) to the address below

Additional options:

☐ Hold until semester grades are posted

☐ Hold until degree is posted

☐ This request form is for an unofficial transcript (there is no fee for unofficial transcripts)

Recipient Address: _____

_____

_____

_____

I hereby authorize the Office of Registration and Records to release my transcript(s) to the party designated on this form.

Signature: _____ Date: _____