



Internal Transcript Request Form

2540 Walnut Hill Lane

Dallas, TX 75229

Fax: 214/902-2458

Email: AskRegistrar@parker.edu

DOB#: _____

Name: _____

Phone: (h) _____ (c) _____

Email Address: _____

Select Department to send transcript to:

Community Based Internship

Human Resources

Other (*Please specify*): _____

Send Now

Hold for Trimester Grades

Student Signature: _____ **Date:** _____

Submit completed form to AskRegistrar@parker.edu.

Allow three business days from receipt to process.

Office Use Only

Date Printed Transcript: _____

Date Transcript Sent: _____

Entered: _____