

Please PRINT Clearly and Firmly

TRANSCRIPT REQUEST

NAME

Last

First

Middle

Social Security #

Birthdate

Student #

① Names used on records other than above _____

Maiden: _____

② Are you currently enrolled? Yes No OR date of last semester completed _____ E-mail address _____

③ **Special Instructions:**

- A. Process now, do not hold for current semester grades or new degree statement
 B. Hold for semester grades
 C. Hold for new degree posting

- D. Hold for Change of Grade (course _____)
 E. Hold for Removal of Incomplete (course _____)
 F. _____ transcript(s) sealed in official transcript envelope(s)
 G. Mail _____ copy/copies to student's address
 H. Fax transcript / Fax Number _____
 I. Other Instructions _____

④ I will pick up _____ transcript(s)

⑤ Please mail _____ transcript(s) to:

Quantity

Quantity

⑥

Name
Street
City
State &
Zip Code

Print legibly.

⑧ Date _____

⑨ Student's
Signature _____

⑩ Daytime Phone Number _____

Note: Student is responsible for correct address.

If transcript is to be sent to more than one address, use additional forms.

The University charges for all transcript copies. Copies of official transcripts are charged at the rate of \$5.00 each if mailed, \$4.00 each if picked up at the Registrar's counter. Faxed transcripts are unofficial and are charged at the rate of \$6.00 each or \$9.00 each if faxed overseas.

Transcript services are WITHHELD for any student who owes the University money or property.

Allow 5 working days for processing and mailing.

PARTIAL TRANSCRIPTS are not issued. Transcripts show all work completed at this institution.

TRANSCRIPTS FROM HIGH SCHOOLS OR OTHER COLLEGES cannot be duplicated. You must contact them directly for transcripts.

Name Change Requested

To process a name change, supporting documents are required (i.e., drivers license, social security card, copy of marriage license, or personal check denoting current name) and must accompany this request for revision prior to transcript processing.

⑦ Student's name and address

Name
Street
City
State &
Zip Code

Transcript orders can be billed up to \$15.00 if a current address is provided. Payment is due in 30 days or a hold is placed on the student's record. If you would prefer to provide credit card information instead, please list it below.

Credit Card Information:

Type of Card: Visa Master Card
 Discover American Express

Card Number _____

Expiration Date _____

Digit Card ID _____ (last 3 numbers on signature line-back of card)

FOR OFFICIAL USE ONLY

Request taken by: _____

Current Fee Due: _____ Bill Student

Hold Amount Due: _____ Cash Credit Crd

Total Paid: _____ By Check # _____

Credit Card Approval # _____

Hold(s) _____
