

TRANSCRIPT REQUEST

This form should be completed by alumni/former students, OR current students requesting an attachment be sent with an official transcript. This request will not be processed if you have any outstanding debt with the University.

Name:

Last _____ First _____ MI _____

Maiden/Former (if applicable) _____

Attendance Dates: Start Date _____ End Date _____

B-Number:* _____

* B-Number - assigned student ID number beginning August 2008.

OR

Last 4 digits of SSN: _____ Date of Birth: _____
(MM/DD/YYYY)

Email: _____ Day Time Phone: _____

Current Mailing Address:

Street: _____ City: _____

State/Province: _____ Country: _____ ZIP/Postal Code: _____

Issue Transcript:

- As soon as possible (mailed via USPS 3-5 business days)
- After this semester's grades are posted
- After degree is posted
- Federal Express

Note: Cannot be sent to a PO Box. Overnight delivery times and charges vary according to destination.

Please provide credit card information for Federal Express Shipping only:

Credit Card Number _____ Expiration Date _____

Cardholder Name (please print) _____ Cardholder Signature _____

NOTE:

May order up to 3 copies for self and up to 8 copies for others at any one time.

Recipient Name(s) & Mailing Address(es) * Questions regarding recipients and addresses will delay processing - please print clearly

Number of Copies: _____

Name: _____

Street: _____

City: _____

State/Province: _____

Country _____ Zip/Postal Code: _____

Number of Copies: _____

Name: _____

Street: _____

City: _____

State/Province: _____

Country _____ Zip/Postal Code: _____

Additional recipients? Attach names and addresses.

Signature: _____ Date: _____

(mm/dd/yyyy)

Request will not be processed without an original signature