



Registrar's Office  
**TRANSCRIPT REQUEST FORM**

_____		_____
First Name	Last Name	Student ID #/Social Sec #
_____		_____
Maiden or Other Names Used		Telephone #
Currently Enrolled _____(Y/N)		_____
		Email
_____	_____	_____
Date of Birth	Dates of Attendance	Degree(s) Earned

<b>Service Requested:</b>	Regular Processing (3-5 business days) _____	\$4.00
	Rush Processing (Next business day) _____	\$6.00
	(Same business day) _____	\$8.00

**Special Service:** Hold for Degree Posted \_\_\_\_\_ Hold for current semester grades \_\_\_\_\_

**Number of Transcripts Ordered:** \_\_\_\_\_ **Total Amount:** \_\_\_\_\_

*\*\*\*Acceptable forms of payment are money orders, cashier's checks and bank checks. No personal checks will be accepted. Debit and Credit cards can be used over the phone through the Cashier's office and in person at the Registrar's office\*\**

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Enter the number of copies to go to each address below. For Colleges and Universities include the office to which the transcript should be sent (i.e. Graduate Admissions).</b>	
Number of Copies _____	Number of Copies _____
Pick Up Service: Requestor Name _____	Pick Up Service: Requestor Name _____
Send to: _____	Send to: _____
_____	_____
_____	_____
_____	_____