



Official Transcript Request Form

Please print legibly. Requests will be processed in a timely manner, typically within 3-5 business days. During peak periods, allow for some delays.

FROM:	Date: _____ Banner ID #: _____ (only if known)	Graduation Year: _____ Dates Attended: _____ Form Attached: _____ (typically used for entry into law or medical school)
	Date of Birth: _____ Social Security #: _____ (DOB is required) (last 4-digits are required)	Check all that apply: ___ Undergraduate ___ School of Continuing Education ___ Graduate School ___ Special Student
MAIL TRANSCRIPT (S) TO:	Legal Name: _____ (last) (first) (middle)	Hold until grades are recorded for: ___ Fall ___ Spring ___ Summer ___ Other
	Former Name (if changed): _____	[1] Number of copies: ___ Mail Transcripts Now: ___ [2] Number of copies: ___ Mail Transcripts Now: ___
	Mailing Address: _____	Hold for degree: ___ Yes ___ No
	City: _____ State: _____ Zip: _____	Will pick-up at the Office of the Registrar: <input type="checkbox"/>
	Country: _____ Telephone: _____	Can we update your mailing address in our system? Yes: _____ No: _____
	E-mail: _____	Can we update your E-mail address in our system? Yes: _____ No: _____
	Student Signature: _____ (Personal signature is required)	Transcript Purpose: Study Abroad: _____ Transferring: _____ Withdrawal: _____ Scholarship: _____ Certification: _____ Employment: _____ Additional Schooling: _____ Self: _____ Other: _____
Transcript Request [1]		-----
Transcript Request [2]		OFFICE USE ONLY
_____		Date Received: _____ By: _____
_____		Date Entered: _____
_____		Date Mailed: _____
_____		Date Picked-up: _____
_____		Additional Info: _____