

Instructions:

Complete this form with all applicable information. Fee payment and student signature are both required at the time of ordering. Transcripts can only be issued with a picture ID. Requests received via fax cannot be accepted. Please note that certain student holds prohibit the release of transcripts. If such holds are on your record, your transcript cannot be issued.

Fees:

Pickup / US Mail \$5.00
 Fax \$8.00
 FEDEX Domestic \$25.00
 FEDEX International \$50.00

Last Update: June 2015

Student Information

Last Name:		First Name:		Student ID:	
Email Address:			Phone Number: () -		
Street Address:					
City:		State:	Zip:		Country:
Date of Birth (MM/DD/YYYY): / /		Previous Last Name(s):			

Delivery Options - Check all that apply:

<input type="checkbox"/> Pick Up. Number of Copies: _____	Special Instructions:
<input type="checkbox"/> Mail. Add recipients and addresses below	
<input type="checkbox"/> Fax Number: () -	Attention:

Recipients and Address for Mailed Transcripts

Address 1	Recipient / Institution Name:				
	Street Address:				
	City:		State:	Zip:	Country:
	<input type="checkbox"/> Mail Now	<input type="checkbox"/> Mail after final grades for _____ semester		<input type="checkbox"/> Mail After undergraduate degree posts <input type="checkbox"/> Mail after graduate degree posts	

Address 2	Recipient / Institution Name:				
	Street Address:				
	City:		State:	Zip:	Country:
	<input type="checkbox"/> Mail Now	<input type="checkbox"/> Mail after final grades for _____ semester		<input type="checkbox"/> Mail After undergraduate degree posts <input type="checkbox"/> Mail after graduate degree posts	

Address 3	Recipient / Institution Name:				
	Street Address:				
	City:		State:	Zip:	Country:
	<input type="checkbox"/> Mail Now	<input type="checkbox"/> Mail after final grades for _____ semester		<input type="checkbox"/> Mail After undergraduate degree posts <input type="checkbox"/> Mail after graduate degree posts	

Address 4	Recipient / Institution Name:				
	Street Address:				
	City:		State:	Zip:	Country:
	<input type="checkbox"/> Mail Now	<input type="checkbox"/> Mail after final grades for _____ semester		<input type="checkbox"/> Mail After undergraduate degree posts <input type="checkbox"/> Mail after graduate degree posts	

➔ **Student Signature:** _____ **Date:** _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature and picture ID (or the picture ID of a designee) is required to authorize the release of your transcripts.

For Office Use Only

Payment Received: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	By: _____	Date: _____
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