

Transcript Request Form

The University of Findlay, Office of the Registrar, 1000 North Main Street, Findlay, OH 45840
registrar@findlay.edu Phone: 419-434-4556 Fax: 419-434-5565

Please Print Carefully in All Areas

_____ Number of Official Transcripts Requested
(\$6.00 per transcript)*

** Each current and former student is permitted one (1) free official transcript each half of the year. For transcript payment questions, please contact the Business Office at 419-434-4690 or businessoffice@findlay.edu*

_____ Number of Student Reference Copies
(Unofficial Transcripts) Requested
(Free – Limit 2)

Program of Enrollment (Check all that apply):

_____ Undergraduate _____ Graduate

Last Year of Attendance
(if not currently registered): _____

Student Information

Social Security# or Student ID _____

Your Name _____

Previous Name _____

Street Address _____

City/State _____

Zip Code _____

Phone _____

Birthdate _____

Check appropriate line:

_____ Mail transcript immediately

_____ I will take with me

_____ To be picked up by:

(Name) _____

_____ Hold for Degree and Degree Date

Expected Degree Date: _____

_____ Hold for final grades for session
(Check one):

_____ Fall _____ Summer _____ Spring

Mail Transcript To:

For Office Use Only

Business Office Approval _____

Transcript Prepared By _____

I hereby authorize The University of Findlay to release my academic transcript to the employer, institution, or the individual listed above.

I understand that a transcript cannot be released until all financial obligations to The University of Findlay are satisfied.

Signature

The transcript will not be processed without your handwritten signature below.
