

METHODIST UNIVERSITY TRANSCRIPT REQUEST FORM

5400 Ramsey Street Fayetteville NC 28311 910-630-7318 Fax 910-630-7410

Official transcripts require 5-7 business days to process

\$5.00 fee per copy

TO MAKE A PAYMENT OVER THE PHONE, PLEASE CALL 910-630-7284

Name _____ Maiden Name _____
Please Print

Social Security Number/Student ID Number _____

Address _____

Phone _____ Date of Birth _____

Call for pickup	YES	NO
Graduating senior	YES	NO
Hold until grades are posted for the semester	YES	NO

Purpose of Release (e.g. employment) _____

Mail to: 1) _____

2) _____

3) _____

(List additional requests on reverse side)

Number of total copies:

Receipt # _____ Amount \$ _____

Methodist University will release academic records of students only after financial obligations have been satisfied and the academic file is complete. This includes high school and all previous college transcripts

Student Signature _____ Date _____

THIS SECTION FOR OFFICE USE ONLY

Date Mailed _____

Processed by _____

Processing of this request will be in accordance with the Methodist University student educational records privacy policy.

TRF111813

Additional Requests

Mail to:

4) _____

5) _____

6) _____

7) _____

8) _____

