



Transcript Request Form

A \$5.00 payment per transcript must accompany the request. Transcripts are not released if money is owed to the university or if you have not completed your exit loan counseling.

Please Print

Name (Last/First/Middle/Maiden) _____

Social Security Number/DBU ID Number _____

Student's Signature/Date (REQUIRED) _____

Current Street Address _____

City/State/Zip Code _____

Telephone Numbers (with area codes) _____

Approximate Dates of Attendance _____

Number of transcripts requested: _____

Transcript level(s):	Did you receive a degree?:	
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Master's	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Doctoral	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you plan to pick up your transcript(s) in person? Yes No

If yes, when?: _____
DATE OF PICKUP

If you would like transcript(s) mailed, please indicate to **WHOM** they are being mailed and the **ADDRESS(ES)**:

Other notices:

Hold until end of semester

Hold for grade change

Hold until degree is posted

What is your method of payment?:

Credit/Debit Check, # _____ Cash

If credit/debit, please provide the following:

Credit Card Number: _____

Expiration Date: _____

OFFICE USE ONLY

Amount Received: \$ _____

A/R: Not Clear Clear By _____

Loans: Not Clear Clear By _____

Date Received: _____ Mailed/Pickup: _____