

# Transcript Request Form

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

*Each student is permitted one (1) free transcript each half of the year. Any student not meeting the criteria for a free transcript must pay \$6.00 per transcript.*

## Please Print Carefully In All Areas

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

\_\_\_\_\_ Number of Student Reference Copy  
Requested (Free – Limit 2)

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

(Initial Here): \_\_\_\_\_

### Program of Enrollment (Check all that apply):

\_\_\_\_\_ Undergraduate    \_\_\_\_\_ Graduate

Last Year of Attendance  
(if not currently registered): \_\_\_\_\_

### Check appropriate line:

\_\_\_\_\_ Mail transcript immediately

\_\_\_\_\_ I will take with me

\_\_\_\_\_ Hold for Degree and Degree Date  
Expected Degree Date: \_\_\_\_\_

\_\_\_\_\_ Hold for final grades for session (Check one):

\_\_\_\_\_ Fall    \_\_\_\_\_ Spring    \_\_\_\_\_ Summer

### Mail or Release Transcript To:


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

Social Security# or Student ID \_\_\_\_\_

Your Name \_\_\_\_\_

Previous Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

### For Office Use Only

Business Office Approval \_\_\_\_\_

Transcript Prepared By \_\_\_\_\_

### Signature

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

\_\_\_\_\_