



Official Transcript Request

Student Information

Student ID Number: _____ SSN (If Student ID Number not known): _____

Name: _____
Last First M.I. Other Last Names

Birth Date: _____ Years attended: _____ to _____
(YYYY) (YYYY)

Current Address: _____
Street City State ZIP Code

Contact Information

Telephone: _____ *Email Address: _____

*By including an email address, you will receive automated updates from Credentials, Inc. regarding the status of your request.

Basic Order Information

Normal Processing: Deliver to Recipient Pick Up*
\$5.00 per copy after first 2 ever ordered.

Rush Processing: Deliver to Recipient Pick Up* Hand-Carry (In-person request)
\$10.00 per copy. Allow one business day for processing for Deliver to Recipient and Pick-Up requests. Deliver to Recipient requests sent by 1st Class Mail.

Hold for Final Grades: Summer Fall Spring

Hold for Degree: Summer Fall Spring

Hold for Grade Change: Summer _____ Fall _____ Spring _____ Course: _____

*If applicable, I authorize the following person to pick-up my transcript (s): _____

Special Instructions: _____

Recipient 1 Number of Copies: _____

Recipient 2 Number of Copies: _____

Student Signature: _____ **Date:** _____

Staff Use Only Received By & Date: _____ Paid Amount: \$ _____

Entered into System: _____ Order # _____