



Request for Official Transcript

Name: LAST NAME FIRST NAME MI MAIDEN/PREVIOUS

Address: STREET CITY STATE ZIP

Phone: HOME CONTACT/WORK

Social Security Number: xxx -xx - Date of Birth:

Approximate Dates of Attendance:

Degree Completed YES NO Hold for final grades? YES NO

Student Signature:

The fee for each transcript is \$5.00 plus any additional shipping options: US Express Mail add \$20.50 Priority Mail add \$5.75 Total charges enclosed = \$ for transcripts. Circle One: VISA MASTERCARD DISCOVER CHECK CASH M/O Card Number Expiration Date Three-digit Verification # (Found on back of card)

Please mail my transcript to: (You may use a separate sheet for more than one recipient.)

Name: (Institution, Organization or Individual)

Address:

You may fax this signed request to (812) 535-5005 along with a credit/debit card number, expiration date, and verification number for quickest processing. Otherwise, please enclose a check or money order for the required fee and mail to the following address. According to current policy, we will provide transcripts per your request, provided your account with the College is clear and in good standing.