

REQUEST FOR OFFICIAL TRANSCRIPT
PLEASE PRINT LEGIBLY

University I.D. Number or (Last 4 of SSN & Birth Date): _____

Student Name: _____

Address: _____

Your Daytime Telephone Number: (____) _____

Former Name(s) under which you may have been previously enrolled _____

1. Request form must bear student's signature.
2. Transcripts are \$ 7.00 each. If mailing or faxing the request complete payment information below.
3. Any student whose university account is encumbered at the time of processing will **NOT** be issued a transcript. Should our office encounter any processing problems, your request and payment will be returned.
4. Transcript Production, after being received in Registrar Office, runs 24 – 48 hours.
5. **Official Transcripts cannot be FAXed.**
6. Please complete this form and either mail to Indiana University Southeast, Office of the Registrar, Attn: Transcripts, 4201 Grant Line Road, New Albany, IN 47150 or FAX to (812) 941-2351.

SPECIAL INSTRUCTIONS:

- Hold for Current Semester Grades
- Hold for Degree- _____
Degree Date (May, August or December)
- Other _____

Process Official Transcript as follows:

Hold for Pick-up or

Total Number of Transcripts: _____

Mail to: { _____

I authorize someone else to pick up my transcripts.
In accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, as amended, student's academic records are classified as confidential and may not be released to anyone other than the student without the student's written authorization and signature.

I give ** _____ permission to pick up my transcripts.

Note: Purdue State Wide Technology students who need an official transcript need to contact Purdue Programs Office at the Purdue Technology Center – (812) 206 – 8381 for further information.

Signature (DO NOT PRINT) ** _____ **Date** _____
****Person picking up transcript must have a picture ID****

Payment Information

Check or Money Order attached

Credit Card Information – Type of Card (Circle One) - Visa MasterCard Discover

Credit Card Number -- _____ | _____ | _____ | _____ Exp Date: ____ / ____