

# REQUEST FOR OFFICIAL TRANSCRIPT

**PLEASE PRINT LEGIBLY**

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

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email - If Expedited Delivery (PDF) requested **this is required**: \_\_\_\_\_

Your Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Former Name(s) under which you may have been previously enrolled: \_\_\_\_\_

1. **ALL request forms must bear student's signature.**
2. **Effective January 1, 2016, Transcript fees will be \$ 10 for a PDF format and \$15 for paper/mail.**
3. **Check or Money Order payment, payable to IU Southeast, can be attached.**
4. **To receive a copy of your transcript, all financial obligations to the University must be clear/current (On Hold by Bursar or Student Loan Administration). If any problems occur your request and payment will be returned.**
5. **Transcript will be prepared for mailing or pick-up within 1 to 2 business days.**
6. **Official Transcripts cannot be FAXed.**
7. **Please complete this form mail to: Indiana University Southeast, Office of the Registrar, Attn: Transcripts, 4201 Grant Line Road, New Albany, IN 47150**
8. **PURDUE State Wide Technology students who need an official transcript need to contact Purdue Programs Office at the Purdue Technology Center at (812) 206-8381 for further information.**

**SPECIAL INSTRUCTIONS (Request will be processed within 1 to 2 business days if no special instructions are marked)**

Hold for Current Semester Grades – Check One ►  Spring  Summer  Fall

Hold for Degree - Check One ►  May  Aug  Dec Indicate School: \_\_\_\_\_  
(Example: Nursing, Business ...)

Reflect Undergraduate coursework Only  Reflect Graduate coursework Only

Other \_\_\_\_\_

**Process Official Transcript as follows (Indicate Number needed in Each Box that applies):**

<input type="checkbox"/> <b>Hold for Pick-up</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Pick-up at IUS  Office of the Registrar  University Center South  Room 107 </div>	<input type="checkbox"/> <b>Mail to the address shown below:</b> Name or Institution: _____ Street Address: _____ Attention Line if Needed: _____ City, State, Zip Code: _____
<hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Check Box for <b>Expedited Delivery (PDF) Transcript</b> <u>Only 1 PDF per recipient</u>	
<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> Legibly PRINT Name of Individual or Institution receiving PDF Transcript  _____  Legibly PRINT Email address of recipient receiving PDF Transcript  _____ </div>	
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>Total Number of Official Transcripts requested:</b> _____ </div>	

**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.

**Signature (DO NOT PRINT) \*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signature Required on ALL Transcript Requests* **\*\* (Person picking up transcript must have a picture ID)\*\***

02/2016 Office of the Registrar, IUS