

Registrar's Office  
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Indiana, PA 15705  
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724.357.2217

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## TRANSCRIPT REQUEST FORM FOR DUAL ENROLLMENT STUDENTS

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IUP University ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

### ***Student Contact Information***

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Non-IUP email: \_\_\_\_\_

### **TRANSCRIPT RECIPIENT INFORMATION**

*Transcripts will be sent to the recipient after the semester's final grades are processed.*

School Counselor's Full Name: \_\_\_\_\_

### **High School Contact Information**

Name of High School: \_\_\_\_\_

High School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Family Educational Rights & Privacy Act [FERPA] requires students to sign and date this consent form\**

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### **REGISTRAR'S OFFICE USE ONLY**

Date Processed: \_\_\_\_\_ Date Sent to Recipient: \_\_\_\_\_

Staff Name: \_\_\_\_\_