



TRANSCRIPT REQUEST FORM

- The Registrar reserves the right to refuse requests for an excessive number of transcripts or to charge a reasonable fee.
- All transcripts are mailed **first class mail** including Same Day/Rush transcripts. The Registrar's Office is not responsible for incomplete or incorrect addresses and fax numbers.
- Transcripts for students enrolled prior to Fall 1993 may take longer to process and same day service cannot be guaranteed.

STUDENT INFORMATION

Banner ID: @ _____ OR Social Security Number: _____ - _____ - _____

Last Name: _____ First _____ MI _____ Date of Birth: ____/____/____

Former Name(s): _____, _____, _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Daytime Telephone Number Required: (_____) _____ - _____

Currently Enrolled - a confirmation e-mail will be sent directly to your IUP e-mail address.

Not Enrolled - enter the last semester and year at IUP: _____

If you are not currently enrolled and would like to receive a confirmation e-mail that your request has been processed, please provide your e-mail address: _____

TRANSCRIPT ORDER INFORMATION

✓ Select ONE of the following options.

Send transcript *immediately*.

Hold transcript for *end of current term grade processing* _____ (*identify term or summer session*)

Hold transcript for *recent degree* _____ (*identify month and year of degree*)

✓ **Number of Copies** *If separate, signed sealed envelopes are REQUIRED, please check here.*

✓ Type of Service: **3-5 days** - mail/pick-up - no charge

RUSH - mail/pick-up next day - \$4/**copy**

FAX - faxed next day - \$4/**copy**; **FAX #** (_____) _____ - _____ **ATTN:** _____

SAME DAY - mail/pick up same day - \$10/**copy**

SAME DAY - faxed same day - \$10/**copy**; **FAX #** (_____) _____ - _____ **ATTN:** _____

- The **deadline** for Same Day, Rush, and Fax transcript requests is 2 PM EST.
- Same Day transcripts will be available for pick-up by 3 PM.

✓ I will pick-up my transcripts in Clark Hall **OR**

Please mail to:

ONE ADDRESS PER FORM

Name _____

Institution or Company _____

Address _____

City _____ State _____ Zip _____

STUDENT'S SIGNATURE _____ **DATE** _____

Federal law requires that the student sign and date this request.

AUTHORIZATION TO CHARGE CREDIT CARD

<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	VISA IS NOT ACCEPTED	Expiration Date ____ / ____ - ____	Zip Code of Cardholder
16 digit Card #	3 digit code on back of card (required)	Amount \$ _____		

For Office Use Only: Initials _____ Amount Paid: \$ _____ Cash Check M.O.