



Return to:
Indiana University of Pennsylvania

Phone: (724) 357-2217
Fax: (724) 357-4858
Email: registrars-office@iup.edu

Office of the Registrar
Clark Hall: 1090 South Drive
Indiana, Pennsylvania 15705

TRANSCRIPT REQUEST FORM

STUDENT INFORMATION

Banner ID @ _____ Date of Birth _____

Last Name _____ First _____ MI _____

Former Name(s) _____ Former Name(s) _____

Current Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone Number Required (_____) _____ - _____

For a confirmation email, please provide your e-mail address _____

TRANSCRIPT ORDER INFORMATION

Transcripts will be sent after semester grade processing.

Number of copies _____ If separate, signed sealed envelopes are REQUIRED, please check here

I will pick up my transcripts in Clark Hall **OR** Please mail to:

Name of Recipient _____

Address _____

City _____ State _____ Zip _____

Student's Handwritten Signature _____ Date _____

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

Office use only: Name: _____ Process Date: _____