



REQUEST FOR TRANSCRIPT

STUDENT ADDRESS: (Print)

Name: _____
 First Middle Maiden Last

Street: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-mail address: _____

Student Signature SSN Date

Fill out one request form for each different address. PRINT PLAINLY the complete name and address of the person or institution you wish to receive the transcript. (The student is responsible for furnishing the correct and complete address.) Transcript fee is \$5.00 per copy. Make checks payable to SHORTER UNIVERSITY. Transcripts will not be furnished for anyone whose financial obligations to the University have not been met.

MAIL TRANSCRIPT TO: (Please print.)

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

Check one:

- Currently enrolled at Shorter University
 Date last attended: _____
 Graduated Date: _____

Type of Transcript Requested:

- Official Copy
 Student Copy

Number of Copies: _____

I would like my transcript:

- Issued now
 Held for current semester's grades
 Held until degree is conferred
 Other: _____

PURPOSE OF THIS TRANSCRIPT:
(Please complete this section)

- Transferring
 Employment
 Teacher certification
 Applying to graduate school
 Other: _____

FOR OFFICE USE ONLY

Fee _____	Cash _____	Check _____	Number: Official _____
Paid _____	Date Sent _____		Student _____