



TRANSCRIPT RELEASE FORM

Registrar's Office • 3800 N. Anthony Blvd. • Fort Wayne, IN 46805
TEL: (260) 482-9171 • TOLL FREE: (800) 859-4882 • FAX: (260) 480-2059

Please Print

Name: _____
Last First MI Previous Name(s)

Current Address: _____

_____ Home Phone: _____
City State Zip

Student Number: _____ Date of Birth: _____

Did you attend Ivy Tech prior to 1990? Yes No

Please neatly print, in the box below*, the name and address of the person to whom the transcript is to be released. Submit a separate release for each address to which you are sending copies. If sending more than one copy to the same address, fill out only one form.

Number of copies requested:

| *Release transcript(s) to: |
|----------------------------|
| _____ Name |
| _____ Address |
| _____ City, State, Zip |

I would like my transcript (Check one):

- Sent now, not including this term's grades.
- Sent after this term's grades are processed.
- Sent after graduation statement is complete.

Note: If your record shows that you are indebted to the College, no transcripts will be released until the debt has been cleared.

Student's Signature Date Issuing Office Personnel Initials

The Family Educational Rights and Privacy Act of 1974 prohibits the release of a student's confidential information to a third party without that student's written consent.

| | |
|--|------------------------------------|
| Each official transcript will cost \$5 . Payment by check, money order, or credit card is accepted. | |
| Unofficial transcripts are free and available through Campus Connect at: http://mycp.ivytech.edu . | |
| Payment method (Circle one): | VISA MC Discover Check Money Order |
| Credit Card #: _____ | Exp. Date: _____ |
| Three-digit Security Number (from back of card): _____ | |
| Card Holder Name: _____ | |
| Card Holder Address: _____ | |
| Card Holder Signature: _____ | |

Date requested: ____/____/____ For Office Use Date sent: ____/____/____