



Request for Official Transcript PLEASE PRINT

Name: _____
LAST NAME FIRST NAME MI MAIDEN/PREVIOUS

Current Address: _____

City _____ State _____ Zip _____ Home Phone _____

SSN _____ -- _____ -- _____ OR C# _____

Did you attend before the fall of 1990? _____ YES _____ NO

Have you attended another Ivy Tech campus? _____ YES _____ NO If yes, location: _____

Number of copies requested:

There is a \$5.00 fee for each transcript. Requests will be processed within 5 Business days.

Submit a separate release for each address to which you are sending copies.

Mail my transcripts to

Name of Organization

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 encumbered because of financial indebtedness to the college, **no official record will be released** until the encumbrance has been cleared.

Student Signature: _____ Date: _____

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

IF YOU HAVE PROVIDED YOUR SSN TO IVY TECH, IT WILL BE INCLUDED ON YOUR TRANSCRIPT

Processed by: _____ Date mailed _____

Mail to: Office of the Registrar Ivy Tech Community College 8000 S. Education Dr. Terre Haute, IN 47802
or Fax to number 1-812-298-2319

Payment Method: Circle one: VISA MC Discover Check Money Order
Credit Card#: _____ Exp Date: _____
Card Holder Name: _____
Card Holder Address: _____
Signature: _____