



TRANSCRIPT REQUEST FORM

Registrar's Office – PO Box 6299 – Lafayette IN 47903-6299
FAX: 765-269-5280

ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE PAID IN FULL BEFORE TRANSCRIPTS ARE RELEASED.

NAME & ADDRESS INFORMATION

Name _____
Last First Middle Previous Names(s)
SS # or Student # _____ Date of Birth _____
Month Day Year
Current Address _____
Street or Box # and Apt # City State Zip
Daytime Phone Number (____) _____

Student's Signature _____

The Family Education Rights and privacy Act of 1974 prohibits the release of information pertaining to the academic records of the student without the written and signed consent of the student. By signing this form the student is giving consent to Ivy Tech Community College to release a transcript.

TRANSCRIPT SPECIAL INSTRUCTIONS (Check all that apply)

____ Number of *official* transcripts mailed to the address below - **\$5.00 per official copy**
 Send now, not including this term's grades
 Hold until current semester grades are posted
 Hold until degree is posted
 I attended Ivy Tech Community College **BEFORE** the Fall of 1990 Name of Campus _____

____ Number of *unofficial* transcripts faxed:
Fax Number _____ Attention _____

MAIL INFORMATION (if applicable)

College and/or Individual _____
Attention: _____
Address _____
Street City State Zip

METHOD OF PAYMENT (Payment in full must be included before transcripts can be released)
[Credit Card payments may not be used with this form.]

Check # _____ Money Order _____

FOR OFFICE USE ONLY

Date completed _____ Processed by _____
Date mailed if different than above _____