

UNIVERSITY *of* INDIANAPOLIS®

Transcript Request Form

Office of the Registrar • 1400 East Hanna Avenue • Indianapolis, IN 46227
(317) 788-3219 • 1-800-232-8634 • Fax: (317) 788-3254

Please Note: All financial obligations to the University must be paid before any transcript(s) will be released.

Name and address information (please print clearly or type)

Full legal name: _____
Last Name First Name Middle Maiden/Former Name

Current mailing address: _____
Number and Street City State Zip

Student ID Number or last four digits of SSN _____ Telephone _____

Signature (required before transcript may be released) _____

Mail and Fax Information

(Please provide the complete address. A separate form must be completed for each request.)

Name and/or title _____

Name of Company/Department/School _____

Mailing address: _____
Number and Street City State Zip

Fax number (for fax requests only) _____ Attention _____

Transcript Type (check/complete all that apply)

Official (printed on transcript paper sealed with the University of Indianapolis imprint)

Mailed or received in person (\$5 per transcript). Quantity needed _____

Fax (1 unofficial copy) and Mail (1 official copy). (\$7 per transcript) Quantity needed _____

Unofficial (in person only)

Hold until current semester grades are posted

Hold until degree is posted

Purpose for request (please check one)

Degree completion

Employment verification

Enrollment verification

Graduate program

Guest at other university

Personal

Scholarship/grant

Transferring

University of Indianapolis department

Other

Method of Payment (Note: Payment must be received in full prior to release of transcript)

Cash: Amount _____ Check: Amount _____ Check number _____

Credit card: MC VISA Discover Card number _____ Expiration date _____

Signature _____

For Office Use Only

Date received _____ Date completed _____ Processed by _____