

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 _____

Student 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 and Special Instructions (check/complete all that apply)

- Official (printed on transcript paper sealed with the University of Indianapolis imprint)
 - Mailed (via US mail only) to address listed on form (\$5 per transcript). Quantity needed _____
 - Receive in person (\$5 per transcript). Quantity needed _____
- Unofficial
 - Fax (\$2 per transcript)
 - Receive in person. Quantity needed _____

I am currently enrolled. Yes No Date last attended _____

- Hold until current semester grades are posted
- Hold until degree is posted

Purpose for Request (please check one)

- Transferring
- Graduate Program
- Scholarship/Grant
- Other

Name of institution, if transferring _____

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 AMEX

Card number _____ Expiration date _____

Cardholder Signature _____

For Office Use Only

Date received _____ Date completed _____ Processed by _____