



TRANSCRIPT REQUEST FORM

Registrar's Office • PO Box 6299 • Lafayette IN 47903-6299
TEL: 765-269-5609 • TOLL FREE: 800-669-4882 • FAX: 765-269-5280

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

NAME & ADDRESS INFORMATION

Name _____
last first middle name when enrolled

Social Security # or Student # _____

Address _____
street city state zip

Phone Number (_____) _____

Student's Signature _____

TRANSCRIPT SPECIAL INSTRUCTIONS (check/complete all that apply)

____ Number of official transcripts **mailed to the address below** - \$5.00 per copy
 hold until current semester grades are posted
 hold until degree is posted
 attended Ivy Tech Community College prior to fall 1990 Name of Campus _____

____ Number of unofficial transcripts faxed – Fax number _____
(No charge for faxed transcripts at this time)

MAIL INFORMATION

Name of College _____

Attention: _____

Address _____
street city state zip

METHOD OF PAYMENT (PAYMENT MUST BE RECEIVED IN FULL PRIOR TO RELEASE OF TRANSCRIPTS)

Cash Amount _____ Check Amount _____ Check # _____
 Credit Card # _____ Expiration Date _____
Card Type: MC Visa Discover **Authorized Signature** _____

FOR OFFICE USE ONLY

date received _____ date completed _____ processed by _____