

Official 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 • registrar@uindy.edu

Date Received _____

Date Completed _____

Processed by _____

Note: All financial obligations to the University of Indianapolis MUST be paid before any transcript(s) will be released

SECTION 1: NAME AND ADDRESS INFORMATION (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 _____

Date of Birth _____ Years Attended at UIndy _____ to _____
MM/DD/YY YYY YYY

E-mail Address _____

****STUDENT SIGNATURE** (required before transcript can be released) _____

SECTION 2: OFFICIAL TRANSCRIPT AND SPECIAL INSTRUCTIONS (check/complete all that apply)

Mailed to address listed in Section 3 (\$11 per transcript) Quantity _____
 Receive in person (\$11 per transcript) Quantity _____

HOLD until current semester grades are posted **HOLD** until degree is posted
(Unless otherwise specified, we will immediately issue an official transcript)

SECTION 3: MAILING INFORMATION (provide the complete address and a separate form must be completed for each request)

Name and/or Title of Recipient _____

Name of Company/Department/School _____

Mailing Address _____
Number and Street City State Zip

SECTION 4: EXPRESS DELIVERY OPTIONS (optional)

NOTE: Transcript request form must be received no later than 3:00pm for same day processing. **Express delivery CANNOT be made to a PO box or incomplete address.**

Domestic (within the United States) express delivery at an additional cost of \$30. Overnight delivery by 4:00pm.
 International express delivery at an additional cost of \$55. Typically 1-3 day delivery time.

SECTION 5: METHOD OF PAYMENT (payment must be received in full prior to the release of the transcript)

Cash: Amount \$ _____
 Check: Amount \$ _____ Check # _____