REQUEST FOR OFFICIAL INDIANA UNIVERSITY TRANSCRIPT

Student ID # or DOB _____ Date _____

Student Name _____
Last First Middle/Former

Street _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

Student Signature _____

_____ **Issue Now** _____ **Hold** for current semester grades _____ **Hold** until my degree is conferred & posted

Mail transcript to:

Name _____

Address _____

_____

City _____ State _____ Zip _____

Mail this request (with payment) to:
Indiana University East
Office of the Registrar
2325 Chester Blvd
Richmond, IN 47374-1289

Include check or money order made payable to *Indiana University East* for **$7 per transcript**

_____ **Number of Transcripts Needed**

Fax request to: 765-973-8288 & call 765-973-8345 **with your credit card information** for the processing fee

OFFICE USE ONLY

Bursar Encumbrance on Record (i.e. a "hold") YES or NO

If "yes," send request back to student with instructions on how to clear their "hold." If "no," then process request.

Transcript fee payment verified by Bursar _____

Request processed by Student Records _____

Date processed by Student Records _____