



Official Transcript Request

Form must be filled out and signed in blue or black ink.

Name (first, middle, last) _____

Maiden name or name on transcript record _____

Current Address _____

City _____ State _____ Zip _____ Daytime phone _____

SSN or Birthdate or Student ID Number _____

Graduation Year _____ or Dates of Attendance _____

Reason for Request: Employment Graduate School Transfer Scholarship Study Abroad Self

I authorize Mount Union to release my official transcript as indicated below. I understand that a transcript cannot be released until all financial obligations have been met.

Signature: _____ Date: _____

Process transcript: Immediately When grades for current term are posted When degree is posted

PLEASE CHOOSE A DELIVERY METHOD:

Pick-up Mailed (International Mail Additional Cost) Electronic (\$3.00 Additional Cost)

U.S. Postal Service Delivery: Please provide COMPLETE Name & Mailing Address of RECIPIENT:

| | |
|-----------------------------|-----------------------------|
| Number of Copies Requested: | Number of Copies Requested: |
| Name/Attention: | Name/Attention: |
| School or Employer: | School or Employer: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |

FOR OFFICE USE ONLY: Total number of transcripts _____ at \$7.00 each = \$ _____

Cleared Hold How Paid _____