

There is no cost for an official Shawnee State University transcript. However, we do limit the number of copies per request or per week to three (3). Please contact the Office of the Registrar in advance for orders of more than three (740-351-4357). All financial obligations to the university must be cleared before transcripts will be released.

Indicate which transcript(s) you are requesting: Undergraduate Graduate

Number of copies _____

Please TYPE or PRINT legibly in the spaces below. If this form is not filled out completely, delays may result.

Last Name _____ First Name _____ MI _____

Other names used _____ Email Address: _____

Student ID Number (if unknown, use SSN) _____

Current Address _____

City _____ State _____ Zip _____ Contact Number (_____) _____

Check this box if you would like the university to update your mailing address with the above information.

Student signature for release of transcript _____ **Date** _____

Recipient Information: Shawnee State University does not fax transcripts. Please choose only one option below.

In-person pick up. I hereby authorize _____ to pick up this transcript on my behalf.

Please mail to address below (Complete a separate request form for each recipient. You are responsible for providing the recipients correct name and address.)

To: _____

Attn: _____

Address: _____

City: _____ State _____ Zip _____

Other actions: (Check all that apply)

I am currently enrolled. Please hold transcript until my grades for the following term are available:

Please hold transcript until my degree statement has been added. (recent graduates only)

- Summer
- Fall
- Spring

Express Mail Payment Information *Express Mail: \$18.50 fee. Only complete this section if you want to express mail your transcript.

Check or Money Order (enclosed) Credit Card Visa MasterCard Discover

Credit Card Number _____

Exp. Date _____ 3-digit security code (located on back of the card) _____

Name of cardholder (as it appears on the card) _____

Cardholder's Mailing Address Street _____ City _____ State _____ Zip _____

Signature of cardholder (if different than student) _____

If Faxing: 740.351.3435
Attn: Student Business Center

If Mailing: Shawnee State University
Attn: Student Business Center
940 Second Street
Portsmouth, OH 45662

