

All financial obligations to the university must be cleared before transcripts will be released.

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

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 name and mailing address with the above information.

Recipient Information: (Please choose only one of the following)

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 _____

Please fax ATTN: _____ Fax Number: _____

(Faxed copies of transcripts are unofficial. Please check with the receiving institution that a faxed copy will be accepted.)

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

Payment Information

\$5.00 fee per copy of transcript: pick up, mailed or faxed. *Express Mail: \$17.50 additional fee.

Number of copies _____ x \$5.00 = _____ Express Mail

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

Acct. 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) _____

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

If Faxing:

Fax to: 740-351-3593

Attn: Office of the Registrar

Use MasterCard/VISA/Discover

If Mailing: Shawnee State University

Attn: Office of the Registrar

940 Second Street

Portsmouth, OH 45662

OFFICE USE ONLY

_____ HOLD on account

_____ PAID transcript fee