

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 mailing address with the above information.

Student signature for release of transcript _____ Date _____

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 _____

Other actions: (Check all that apply)

- I am currently enrolled. Please hold transcript until my grades for the following term are available: Summer Fall
- Please hold transcript until my degree statement has been added. (recent graduates only) Spring

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).

Number of copies _____ **Express mail** (enter payment information below)

Express Mail Payment Information *Express Mail: \$18.50 additional fee.

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:

Fax to: 740-351-3435
Attn: Student Business Center
Use MasterCard/VISA/Discover

If Mailing: Shawnee State University

Attn: Student Business Center
940 Second Street
Portsmouth, OH 45662

