

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

Indicate which transcript(s) you are requesting:  Undergraduate (Associate/Bachelors)  Graduate (Masters)  Both

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: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**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** \$3.00 fee per copy of transcript. \*US Express Mail: \$24.72 fee / International Express Mail: \$63.95 fee or contact the SBC for alternate international mailing options at 740-351-4734, option 2.

Number of copies \_\_\_\_\_ x \$3.00 = \_\_\_\_\_  Express Mail

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

**If Emailing:** sbc@shawnee.edu

