

# Transcript Request Form

## Office of the Registrar-Transcripts

Indiana University Northwest

3400 Broadway

Gary, IN 46408-1197

FAX (219) 981-4200 and **verify receipt by calling** 219-980-6679

### Your Information:

Name on Record \_\_\_\_\_

Current Name (if different) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_

### Mail To:

Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ Number of Copies      \_\_\_\_ Hold until the grades for the Current Semester are on the transcript

\_\_\_\_ Issue Immediately      \_\_\_\_ Hold until my degree appears on the transcript

\_\_\_\_ Hold for a change of grade      \_\_\_\_\_ Specify semester and expected grade

I affirm that I am the above named student. In compliance with Public Law 93-380, Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and do therefore authorize IUN to release my student records as noted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID or Last 4 Digits of SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Special Handling:

\_\_\_\_ If the recipient of your transcripts has requested that we sign and seal the back of the envelope check here

\_\_\_\_ Other: Please specify \_\_\_\_\_

**Cost of Transcripts: \$8.00 per copy** (Faxed requests also require Transcript Fee Form.)

Payment must accompany transcript requests: Credit Card (Visa, MasterCard or Discover), Money Orders, Personal Checks or Cashier Checks