

PURDUE UNIVERSITY ACADEMIC TRANSCRIPT REQUEST

Transcripts are provided at no charge as a service to Purdue's current and former students and alumni

REQUEST OPTIONS

E-Mail

Scan and send this completed form to:
transcripts@purdue.edu

Fax

Fax this completed form to:
(765) 494-0570

Mail

Mail this completed form to:
Purdue University
Office of the Registrar
610 Purdue Mall
West Lafayette, IN 47907-2040

**IN ORDER TO LOCATE YOUR STUDENT RECORD, PROVIDE THE FOLLOWING INFORMATION:
(Required information indicated in bold-face)**

Name: _____ PUID/Student ID#: _____
Last First Middle

Maiden or Other Name Where Records May Be Found

Date of Birth: _____

Current Address: _____
Street

City State Country Zip/Postal Code

Daytime Phone No. _____ **E-mail Address:** _____

Approximate Date of Last Attendance at Purdue: _____

Written Signature: _____ **Date:** _____

RECIPIENT INFORMATION

Check one of the following: _____ Issue Transcript(s) Now
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Check one of the following delivery methods:

_____ E-mail
Recipient Name: _____
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Number of Transcripts Requested: _____
(Limit 10 per day/50 per semester)

SPECIAL HANDLING INSTRUCTIONS. DO NOT RECORD CREDIT CARD INFORMATION ON THIS FORM:

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_____ Insert Each Transcript in an Individual Sealed Envelope
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