

OFFICE OF THE REGISTRAR
1871 OLD MAIN DRIVE
SHIPPENSBURG UNIVERSITY
SHIPPENSBURG, PA 17257

Last Name, First: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus Phone: _____

TRANSCRIPT REQUEST INSTRUCTIONS

All items must be completed before your request can be processed.

1. Submit a separate request for each mailing address.
2. Please print all information.
3. Transcripts are free of charge up to 3 copies to 1 address.
4. Your signature below authorizes, under the Family Educational Rights and Privacy Act of 1974, the release of your transcript.
5. Allow one week processing time.

*****Note - This form may be faxed to the Registrar's Office at (717) 477-1388.**

Student ID Number: _____

Number of transcripts ordered: _____

Transcript Type:

Check One:

_____ Undergraduate only (Bachelors)

_____ Graduate only (Masters)

_____ Both Undergraduate & Graduate

_____ Mail Now

_____ Fax Now

_____ Pick Up

_____ Hold for Grades

_____ Hold for Degree

Are you currently enrolled at Shippensburg University?

YES

NO

Degree and Date received _____

Dates of Enrollment: From _____ To _____
(Bachelors) (Masters)

Remarks & Other Names Used: _____

Signature: _____ **Date:** _____

PLEASE MAIL DOCUMENTS TO:

NAME _____

INSTITUTION _____

STREET _____

CITY _____ STATE _____ ZIP _____

OFFICIAL USE ONLY

DATE REC'D _____

AMT REC'D _____

CLEARED _____

MLD _____ DATE _____

PICK-UP _____ DATE _____

OR FAX TO: () _____