

Transcript Request Form

The University of Findlay
Office of the Registrar
1000 North Main Street Phone: 419-434-4556
Findlay, OH 45840 Fax: 419-434-5565

Each student is permitted one (1) free transcript each half of the year. Any student not meeting the criteria for a free transcript must pay \$6.00 per transcript.

Please Print Carefully In All Areas

_____ Number of Official Transcripts Requested
(\$6.00 per transcript)

_____ Number of Student Reference Copy
Requested (Free – Limit 2)

I understand that a transcript cannot be released until all financial obligations to The University of Findlay are satisfied.

(Initial Here): _____

Program of Enrollment (Check all that apply):

_____ Undergraduate _____ Graduate

Last Year of Attendance
(if not currently registered): _____

Check appropriate line:

_____ Mail transcript immediately

_____ I will take with me

_____ Hold for Degree and Degree Date
Expected Degree Date: _____

_____ Hold for final grades for session (Check one):

_____ Fall _____ Spring _____ Summer

Mail or Release Transcript To:

I hereby authorize The University of Findlay to release my academic transcript to the employer, institution, or individual listed above.

Social Security# or Student ID _____

Your Name _____

Previous Name _____

Street Address _____

City/State _____

Zip Code _____

Phone _____

Birthdate _____

For Office Use Only

Business Office Approval _____

Transcript Prepared By _____

Signature

The transcript will not be processed without your signature below.
