

Official Transcript Request Form

IPFW is an Affirmative Action/Equal Opportunity university.

IPFW Office of the Registrar
2101 E. Coliseum Blvd.
Fort Wayne, IN 46805-1499
260-481-6815
E-mail: registrar@ipfw.edu
<http://www.ipfw.edu/registrar/>

Official Transcript Request for: **Indiana University** and/or **Purdue University**

Student Information: (Student ID or SSN is required for processing)

Student ID Number: _____ and/or SSN: _____ Student Birth Date: _____
(mm/dd/yyyy)

Last: _____ First: _____ Middle: _____

Name used while attending (if different): _____

Years attended (yyyy): From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: (Include Area Code) _____ E-mail Address (Optional) _____

Processing Request Information: Number of Copies: (include payment of \$8 for each transcript): _____

Issue to student immediately

Send immediately

Hold for current semester grades

Hold for grade change in: Course # (e.g., MA 15300): _____ Semester: _____ year (yyyy): _____

Hold for degree: Degree (e.g., BA/BS): _____ Date expected (mm/yyyy): _____

Mail Transcript To: (Complete only if transcript(s) are to be mailed to location other than address listed above)

Name/Office/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

I authorize IPFW to disclose personally identifiable information, including my SSN, to third parties. I understand I do not have to consent to the disclosure of my SSN, but that consent is necessary to process my request. 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 IPFW to release my student records as noted.

Signature of Student: _____ **Date:** _____

Print, sign and date this form.

Mail or fax (260-481-6110) your form with payment to IPFW to request an official transcript. In most cases, your request will be processed within three business days after your fully completed request and payment are received. This three day estimate does not include mail delivery and mail processing times at other destinations (including other colleges and universities). Holds on your student account or incomplete requests may cause delays.

Official Transcript Request Form (Payment Information)

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Payment Information:

Official Transcript Fee – (include payment of \$8 for each transcript requested) Number of Copies: _____

This fee is a non-refundable processing fee, not applicable to any other university bill or fee. Your official Purdue University transcript request cannot be processed until the fee has been paid.

Option 1 - Check or money order payable to IPFW is enclosed.

Option 2 - Credit Card Type: Visa MasterCard Discover

Optional Express Delivery:

I request domestic (**within United States**) express delivery at a cost of \$35.00US (plus \$8 per transcript)

I request international express delivery at a cost of \$55.00US (plus \$8 per transcript)

Name on Credit Card:

Last: _____ First: _____ Middle: _____

Phone: (Include Area Code) _____

Total amount to be charged to credit card: \$ _____

Credit Card Number: _____ Expiration Date: _____

Signature of Credit Card Holder: _____ Date: _____

For Office Use Only

IPFW Student ID Number: _____ - _____ - _____ **OR** _____ Not a current IPFW student
(NOT - SSN)