

**Friends University
Transcript Request
Fax: (316) 295-5072**



In order to avoid delays in processing your request, please fill out the necessary information in its entirety.

Friends University ID#	NAME: Last	First	Middle
Address	City	State	Zip Phone
Date Of Birth	Maiden or Previous Name(s)		
Class/Cohort	Student Signature		

Are You Currently Enrolled at Friends University?

- Yes
- No (If, NO, last date attended: _____)
- Are you a teacher education workshop student?

Special Instructions:

- Send now. Do not hold for semester grades.
- Hold for semester grades
- Hold until degree statements is on record
- Other: _____
- Hold for teacher education workshop grades (please list course and date below)

Delivery Method:

- Mail – Regular Processing (\$10.00 per copy)
- Mail – Same Day Processing (\$12.00 per copy)
- Fax (\$15.00 per copy – original mailed)
- Fax Number: _____
- Attn: _____

Complete the full mailing address and print legibly

Send _____ no. of copies to: _____ Name of institution or person to receive transcript _____ Address _____ City State Zip	Send _____ no. of copies to: _____ Name of institution or person to receive transcript _____ Address _____ City State Zip
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Transcript Regulations: Requests will be honored as quickly as possible in the order of application. However, during peak times (commencement, registration, and final exams) there will be some delay. Transcripts should be requested well in advance of these periods. Requests must be made in writing and authorized by the student. Requests by persons other than the student will not be honored unless authorized by the student. Transcripts are not issued until all accounts with the college are paid. Transcripts given to the student are stamped "ISSUED TO STUDENT." Some institutions will not accept such transcripts. All transcripts are sealed and stamped with "Official Transcript" on the outside. Transcripts from high schools or other colleges cannot be duplicated. You must apply directly to the issuing institution for transcripts.

Payment Method (circle one): CHECK CASH CREDIT CARD
Credit Card Type (circle one): VISA MASTERCARD DISCOVER
Card Number: _____
Expiration Date: ____ / ____
Card Holder Signature: _____
 Revised 06/29/2010

OFFICE USE ONLY:
 FEE: _____ Due _____ Paid _____
 _____ Student Account Services
 Ticket # _____
 Sent: _____