

OFFICE OF ACADEMIC SERVICES
REQUEST FOR TRANSCRIPT

PERSONAL INFORMATION (Please Print)

Last name	First name	Former/maiden name	<input type="checkbox"/> check to update Calvin records	Calvin ID number or SSN
Current address				<input type="checkbox"/> check to update Calvin records
E-mail address				
City	State	Zip	Phone number	

SIGNATURE OF STUDENT Required

I hereby request the release of my transcript as noted below.

X _____ Date _____ Date of Birth ____/____/____

TRANSCRIPT INFORMATION Check all that apply

Attendance <input type="checkbox"/> Current Student OR <input type="checkbox"/> Alumni _____ (last year of attendance)	Type of transcript (all that apply) <input type="checkbox"/> Undergraduate (bachelor's) AND/OR <input type="checkbox"/> Graduate (master's)	Hold options (if applicable) <input type="checkbox"/> Don't send until my grades are in for: <input type="checkbox"/> Fall <input type="checkbox"/> Interim <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Don't send until my degree is posted
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RECIPIENT ADDRESS(ES) Please include the complete NAME and ADDRESS of the school(s)/organization(s)

Quantity _____	_____	Quantity _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Additional addresses may be written on the back of this sheet)

FEES

Unofficial \$0 each x _____ = \$ 0.00	MAILING/RUSH FEES <input type="checkbox"/> Regular processing - no additional charge Mailed after 1 business day or available for pick up after 12pm, next day <input type="checkbox"/> Immediate print - add \$5 per order (in person requests only) <input type="checkbox"/> Overnight mailing* - must be received by 1:00 p.m. For US addresses, add \$12 per address For Canadian addresses, add \$15.50 per address Other countries will vary, please call to confirm *Addresses outside the U.S. will take longer than one day to ship
Official \$5 each x _____ = \$ _____	
Transcript total \$ _____	
Mailing/rush fee (if applicable) \$ _____ (see right column)	
Total \$ _____	

PAYMENT OPTIONS (We cannot accept credit cards at this time)

<input type="checkbox"/> CASH	<i>All previous financial obligations must be satisfied before this request will be processed. (I.e. unpaid transcript bills, tuition, etc.)</i> <i>If we do not receive payment at the time of your request, a bill will be sent to the address you have listed at the top of this form.</i>
<input type="checkbox"/> CHECK OR Money Order (Payable to Calvin College)	
<input type="checkbox"/> MISCELLANEOUS ACCOUNT (For current students only)	

FOR OFFICE USE ONLY

Received Date _____ Initials _____ Payment Qty _____ Total \$ _____
 fax /e-mail mail in person cash miscellaneous account bill check# _____