CALVIN College

OFFICE OF ACADEMIC SERVICES/REGISTRAR
**REQUEST FOR TRANSCRIPT**

| **PLEASE PRINT** | | | | |
|---|---|---|---|---|
| Last Name: | First Name: | MI: | Former Name: | ID# or SSN: |
| Current Address: | | | | Email Address: |
| City: | State: | | Zip: | Phone number: |
| **SIGNATURE OF STUDENT** | | | | |
| **X** | | | | Date: |

**PLEASE FILL OUT COMPLETELY**

**Attendance: (Circle all that apply)**

*Current Student *Alumni (After 1990) *Alumni (Before 1990)
Date of Birth _____

**Type of Transcript: (Circle all that apply)**

*Undergraduate *Graduate *Official *Unofficial

**When would you like your transcript(s) sent: (Circle One)**

*As soon as possible *Hold for grades → Fall ☐ Interim ☐ Spring ☐ Summer ☐ *Hold for degree
---------- (Check One) ----------

**Send Transcripts to:** (Please include the complete name and address of the school(s) and/or organization(s))

| Quantity | | Quantity | |
|---|---|---|---|
| ____ | _____ | ____ | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

**(ADDITIONAL ADDRESSES MAY BE WRITTEN ON THE BACK OF THIS SHEET)**

**PAYMENT OPTIONS**

**CASH** OR **CHECK** OR **Money Order** (Payable to Calvin College) OR **MISC. ACCT.** (For current students only) We **DO NOT** accept Credit Cards

| **PROCESSING/MAILING FEES** (Please also fill out this portion of the form.) | | (Cost) | x | (Number requested) | = | (Subtotal) |
|---|---|---|---|---|---|---|
| Unofficial Transcripts | | $0.00 | | | = | $ 0.00 |
| Official Transcripts (per transcript) | | $5.00 | x | | = | $ |
| Regular Processing (Allow 2-3 business days) | | $0.00 | | | = | $ 0.00 |
| Overnight Mail/Rush Processing | | | | | | |
| Deadline for Transcripts being sent by Overnight Mail is 1 p.m. | United States (per address) | $12.00 | x | | = | $ |
| | Canada (per address) | $15.50 | x | | = | $ |
| | All other countries | VARIES | x | | = | $ |
| | | | | **TOTAL** | | **$** |

**All previous financial obligations must be satisfied before this request will be processed.**

**FOR OFFICE USE ONLY**

Date _____ Initials_____ QTY(#) _____ Amount $_____ ○ Cash ○ Check #_____ ○ MISC. Acct.

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