

Office of the Registrar**Transcript Request Form**

604 E. College Ave., North Manchester, IN 46962

Phone: 260-982-5234 / Fax: 260-982-5451

This form must be completed, hand signed and submitted either through postal mail, fax or as a PDF attachment to registrar@manchester.edu. Payment required for official transcript requests. Transcripts will not be provided for persons with financial obligations to the University.

Personal information

Last name _____ First _____ Middle _____

Name used while attending (if different) _____

Student ID or SSN _____ Birth date (mm/dd/yyyy) _____/_____/_____

 Currently enrolled Not currently enrolled Years of attendance _____

Current address _____

City _____ ST _____ ZIP _____ Phone _____

E-mail address _____

Signature _____ Date _____

*Hand signature required to process request***Transcript request information** Official Copy (\$5 each) Unofficial Copy (no charge, not official) Undergraduate only Graduate only Pharmacy only Both Undergrad & Grad/PharmacyHold for (optional): Current semester grades Degree posting (i.e. BA/BS/MED/MAT) Mail ___ transcript(s) to me at the address above Mail transcript(s) to the names/addresses belowReason for request: Internship/scholarship app Summer class or Grad school app Employment app Intend to transfer to: _____ Other**Mailing and quantity information**

Mail _____ transcript(s) to: (complete only if mailing to a location other than the home address above)

Name _____

Address 1 _____

Address 2 _____

City _____ ST _____ Zip _____

Fax _____ unofficial transcript(s) to: Number _____ ATTN: _____

Overnight mailing is available. Contact the Registrar's Office for additional fees.

Payment InformationPaid by: Cash Check Money Order Discover MasterCard VisaFor your protection: If you intend to send this form as a PDF **do not include credit card information.**

Credit card number _____ Expiration Date _____

Name on credit card _____ Billing Zip code _____

Number of transcripts requested _____ @ \$5 each = Total: \$ _____