



OHIO UNIVERSITY

Office of the University Registrar

1 Ohio University
Chubb Hall
Athens OH 45701-2979
Fax 740.593.4184

TRANSCRIPT REQUEST FORM

Please complete all of the information requested on this form. Enclose appropriate payment with your request. Incomplete or unsigned requests will be returned. Please mail or fax your request to the address/number above.

Legal Name (Last, First, Middle):	
Former Name(s):	
Ohio University PID:	
Date of Birth:	
Last year enrolled at OHIO:	
Your Mailing Address:	
Daytime Telephone Number:	
Email Address:	

Signature _____

Date _____

Transcript Type	All coursework	Undergraduate Record Only <input type="checkbox"/>	Graduate Record Only <input type="checkbox"/>	Medical Record Only <input type="checkbox"/>
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Transcript Processing Service – choose only one of the following options:

- Regular** – mailed within three business days @ \$10.00 per transcript
- Now** – mailed same business day if order received by 2:00 p.m Eastern. @ \$20.00 per transcript (*Electronic transcript is \$18.00)
- Delayed Service** – hold for current semester grades @ \$10.00 per transcript
- Delayed Service** – hold for degree @ \$10.00 per transcript

Mailing Options (choose one) **First Class Mail** **FedEx US Priority Overnight @ \$20.00** (No PO Boxes for FedEx) **FedEx International @ \$33.00**

Number of Transcripts Requested: _____ **Total Due: \$** _____ (including any FedEx fees) **Method of Payment** – complete below

Transcript 1

Recipient Name:	
Mailing Address:	
City:	
State: Zip Code:	

Transcript 2

Recipient Name:	
Mailing Address:	
City:	
State: Zip Code:	

Method of Payment – do not send cash **Check** **Money Order** **Credit/Debit Card (VISA/MC/AmEx/Discover)**

Credit Card Number	
Print name as it appears on card	
Student PID	

Card Expiration	
Zip Code	
Amount to be charged \$	

OFFICE USE ONLY	010 104010 950101 0000 00 413040	10 100000 540032 0000 00 413050
DEPOSIT DISTRIBUTION	\$	\$