



OHIO UNIVERSITY

Office of the University Registrar

Chubb Hall
Athens OH 45701-2979
Fax 740.593.4184

TRANSCRIPT REQUEST FORM

Please type or print legibly all the information requested on this form and enclose the appropriate payment with your request. Incomplete transcript requests will be returned. Please mail or fax your request to the address/number above.

1) **Legal Name:** _____
Last First Middle

2) **Former/Maiden Names:** _____

3) **Ohio University ID/SSN:** _____

4) **Date of Birth:** _____ 5) **Last Year Enrolled at OU:** _____

6) **Address:** _____
Street City State Zip

7) **Daytime Telephone:** () _____ 8) **E-mail:** _____

9) **Transcript Type** – a comprehensive transcript will be sent unless you choose one of the following:

- Undergraduate coursework only Graduate coursework only Medical coursework only

10) **Transcript Processing Service** - choose only one of the following:

- Transcript** –mailed within three business days @ **\$5.00 per transcript**
 Transcript-Now – mailed same business day if requested by 2:00 p.m. @ **\$10.00 per transcript**
 Delayed Service - mailed per your instructions indicated below @ **\$5.00 per transcript**
 Hold for current quarter grades - available one week after quarter closing date
 Hold for degree conferral or degree and grades - available four weeks after quarter closing date
 Hold for grade change in _____ - available after grade is recorded
Class ID Term/Year

11) **Mailing Options** (choose one) **First Class Mail @ N/C** **FedEx* Priority Overnight @ \$15.00**
 FedEx* International @ \$33.00 *Note: Weekday delivery only for FedEx service.

12) **Number of Transcripts Requested:** _____ **Total Transcript Fee: \$** _____
Include transcript fee and mailing fee above.

13) **Method of Payment** - please do not send cash:

- Check Money Order Credit Card Debit Card

If paying by credit card or debit card please provide the following information:

- DISCOVER MASTERCARD VISA

Name as it appears on card _____

Account Number _____ Expiration Date _____

14) **Transcript mailing address(es)** – You must provide a street address if requesting FedEx delivery.

14a) _____ 14b) _____

Number of copies for this address: _____ Number of copies for this address: _____

15) **Federal law requires the signature of the student to authorize the release of academic records.**

Signature: _____ **Date:** _____