

TRANSCRIPT REQUEST FORM

Indiana University Kokomo
Office of the Registrar
PO Box 9003
Kokomo IN 46904-9003

Phone: 765-455-9391

PRINT CAREFULLY IN ALL AREAS

Quantity Requested: _____

Official Transcript = \$7.00 each (include check or money order
made payable to Indiana University or cash accepted in person)

Last Year of Attendance: _____
(If not currently registered)

PERSONAL INFORMATION:

CHECK ALL APPROPRIATE BOXES:

NAME _____

Mail Transcript to:

FORMER NAME _____

STREET _____

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STATE _____ ZIP _____

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OR

LAST 4 DIGITS OF SSN: _____

BIRTH MONTH/DAY _____

Hold until Degree Awarded
Expected Degree Date _____

Will pick up on _____
(date)

Hold for Current Semester's Grades

I hereby authorize Indiana University to release my
academic transcript to the school, employer, institution,
or the individual listed above

SIGNATURE _____

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