

- The student's hand written signature is required as authorization to release any academic transcript information.
- There is no charge for transcripts.
- Financial accounts must be current for transcript information to be released.
- Submit completed request forms to the Office of the Registrar via mail, fax, or email—see contact information below. *If submitting a request form via email (.pdf or .jpg attachment), please note TRANSCRIPT REQUEST in the subject line and type the transcript mailing address(es) within the email message and attach this form with your handwritten signature. Thank you.*

Please clearly print all information.

Last Name _____	First _____	Middle _____
Student ID # _____	SSN _____	Date of Birth _____
All Previous Names (e.g. maiden, change of legal name—if applicable) _____		
Approximate Attendance Dates: from _____ to _____ Graduation Date (if applicable) _____		
Email Address _____		
Daytime Telephone # _____	Cell # _____	
Student Signature _____	Date _____	
<i>Handwritten signature required</i>		
Please mark all schools where you have attended to help us identify and retrieve your full academic record.		
Attended: <input type="checkbox"/> Taylor University <input type="checkbox"/> TU Online (Correspondence/Distance Learning/CLL/WWC) <input type="checkbox"/> Summit Christian College <input type="checkbox"/> Fort Wayne Bible College		
Additional Comments:		

Number of Transcript Copies Requested: _____

Mail Transcript To:

Please clearly print the full envelope address below.

Name/Attention: _____

Organization: _____

Address: _____

Attach list of additional mailing addresses for multiple transcript requests. If submitting a request form via email (.pdf or .jpg attachment), please note TRANSCRIPT REQUEST in the subject line and type the transcript mailing address(es) within the email message and attach this form to the email. Thank you.

Special Request

- _____ **Process Transcript(s) after posting grades for term:** _____
- _____ **Process Transcript(s) after posting Degree for term:** _____
- _____ **Expedited/Overnight*—Call Registrar's Office for details**
- _____ **Hold Transcript(s) for Pick-Up at Registrar's Office**
- _____ **Other:** _____

*By noon, we must receive a signed request form along with a .pdf or .jpg of an addressed, postage paid UPS label (approximate UPS cost is \$25-30) in order to process your request.

Submit request form to:

OFFICE OF THE REGISTRAR
TAYLOR UNIVERSITY
236 W READE AVE
UPLAND, IN 46989
PHONE: (765) 998-5129
FAX: (765) 998-4791
EMAIL: REGISTRAR@TAYLOR.EDU