IVY TECH COMMUNITY COLLEGE LAFAYETTE

TRANSCRIPT REQUEST FORM

Registrar's Office • PO Box 6299 • Lafayette IN 47903-6299
TEL: 765-269-5609 • TOLL FREE: 800-669-4882 • FAX: 765-269-5280

ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE PAID BEFORE TRANSCRIPTS ARE RELEASED.

NOTE: If you have provided your SSN to Ivy Tech Community College it will be included on your transcript.

NAME & ADDRESS INFORMATION

Name _____
last first middle name when enrolled

Social Security Number _____

Address _____
street city state zip phone number

☞ *Authorized Signature* _____

TRANSCRIPT SPECIAL INSTRUCTIONS (check/complete all that apply)

____ Number of official transcripts mailed to the address below - $5.00 per copy
- ☐ mailed or received in person
- ☐ in a sealed envelope
- ☐ hold until current semester grades are posted
- ☐ hold until degree is posted
- ☐ attended Ivy Tech Community College prior to fall 1990 Name of Campus _____

____Number of unofficial transcripts mailed or received in person – no charge
____Number of unofficial transcripts faxed to number below – no charge

MAIL AND/OR FAX INFORMATION

Name and/or Title _____

Name of College/Dept/School _____

Address _____
street city state zip

FAX Number _____ Attention _____
(for fax requests only)

METHOD OF PAYMENT (PAYMENT MUST BE RECEIVED IN FULL PRIOR TO RELEASE OF TRANSCRIPTS)

☐ Cash Amount _____ ☐ Check Amount _____ Check # _____
☐ Credit Card # _____ Expiration Date _____
Card Type: ☐ MC ☐ Visa ☐ Discover ☞ ***Authorized Signature*** _____

FOR OFFICE USE ONLY

date received_____ **date completed**_____ **processed by**_____