

Transcript Request Form

INDIANA TECH

Note to the Student

In compliance with the Federal Family Education Rights and Privacy Act (FERPA) of 1974, as amended, written authorization from the student is required for release of an academic transcript. Therefore, all requests **must be in writing** either in person, by mail, or by fax. (Telephone and e-mail requests cannot be accepted.) Please complete this form and return it to the registrar's office. **The fee for official transcripts is \$2 per copy for graduates of Indiana Tech and \$5 per copy for all others.** The student must not owe any money to Indiana Tech or be in default on any student loans. Requests are processed in the order they are received. Please allow 5 to 7 days for processing. Transcripts **cannot** be faxed.

Student Information (please print clearly)

Full Legal Name: _____
Last First Middle Maiden

Name While Attending (if different from above): _____

Current Mailing Address (required): _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ E-mail Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Student I.D. Number: _____ Dates of Attendance or Date of Graduation: _____

Purpose: Career Internship Personal Scholarship Transfer Other _____

I authorize the release of my academic transcript to the address listed below.

Signature: _____ Date: _____

Recipient Information (please print clearly)

Attention (name of person and/or institution): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Special Instructions (optional)

Send now Send after semester grades are posted Send after graduation date is posted

Credit Card Authorization (only if a check or money order is not included)

Credit Card Number: _____ Expiration Date: _____

Name As It Is Printed On Card: _____

Cardholder Signature: _____

Return this form to: Indiana Tech
Office of the Registrar
1600 E. Washington Blvd.
Fort Wayne, IN 46803
Phone (260) 422-5561 ext. 2320 • Fax (260) 422-6309

Number of copies: _____
Total amount included: \$ _____

For Office Use Only

Date Received: _____ Date & amount paid: _____

Financially cleared: _____ Date mailed or picked up: _____