Transcript Request Form

Name _____
First Middle Last Other Legal Last Names

ID# or Social Security #_____ Date of Birth _____

Mailed transcripts are $7 per copy. Expedited and "pick up" orders are $15 per copy.
Payment must be submitted with the request. We accept cash, personal checks, money orders, QuickCash and credit card payment (Visa, Discover, MasterCard, American Express).

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Signature _____ **Date** _____
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Where you can be reached (address, phone, e-mail): _____

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Special Instructions:_____

Mail to: Office of the Registrar, Bradley University, 1501 W. Bradley Ave., Peoria, IL 61625
Fax to: 309/677-2715. **After a faxed request, please follow up with a phone call to 309/677-3375.**

For Office Use Only

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