

Transcript Request Form

Name _____
First Middle Last Other Legal Last Names

ID# or Social Security # _____ Date of Birth _____

Reason for request: Transfer ___; Employment ___; Graduate School Ap ___; Scholarship Ap ___; Personal Use ___; Summer/Concurrent Enrollment/Study Abroad ___; Other _____

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).

Credit card type _____ Credit card # _____ Expiration Date _____

Number of copies: _____

Number of copies: _____

Pick up ___ Send now ___ Send after: grades ___ degree ___

Pick up ___ Send now ___ Send after: grades ___ degree ___

Mail to _____

Mail to _____

Number of copies _____

Number of copies _____

Pick up ___ Send now ___ Send after: grades ___ degree ___

Pick up ___ Send now ___ Send after: grades ___ degree ___

Mail to _____

Mail to _____

Signature _____ Date _____
Required

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

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
Amount: _____ Cash _____ Check _____ Credit Card _____ QuickCash _____ Date Processed _____ Initials _____
08 25 10