



# Transcript Request Form

**Current Name:** \_\_\_\_\_  
First Middle Last

**Name(s) when enrolled (if different from above):** \_\_\_\_\_

**Student ID\*:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\*If you do not know your Student ID, you will be asked to verify your SSN when calling to provide payment.

**Current address:** \_\_\_\_\_  
Street City State Zip Code

**Phone number and/or email:** \_\_\_\_\_

**Reason for Request (Please Circle):**

Summer/Concurrent Enrollment    Transfer    Employment    Licensure/Certification    Grad School    Scholarship Application    Personal Use    Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Request cannot be processed without a handwritten, pen-to-paper signature*

- Mailed or available for pick-up in the Registrar's Office within 5 business days – \$7.00 per copy
- Same day processing for mailed or immediate pick-up - \$7.00 per copy + \$8.00 expedited charge (in person or via email only)
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**If you are submitting the form via email or fax, please call our office at (309) 677-3375 to provide SSN and payment once you have submitted the form.**

Credit Card Payment \$ \_\_\_\_\_

Check enclosed (for mailed only) \$ \_\_\_\_\_ (Please make checks payable to Bradley University)

Email: [transcripts@bradley.edu](mailto:transcripts@bradley.edu)  
Fax: (309) 677-2715

**OFFICE OF THE REGISTRAR**