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
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 written signature

☐ Mailed, emailed, or available for pick-up in the Registrar’s Office within 2 business days – $7.00 per copy
☐ Same day processing or immediate pick-up - $7.00 per copy + $8.00 expedited charge
☐ Fed Ex Overnight - $7.00 per copy + $45 FedEx shipping charge (additional charges possible for international shipments, you will be notified before charged) – Fed Ex orders must be received by 12:00 p.m. CST

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Send to: __________________________________________

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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 $_______________ (Please make checks payable to Bradley University)

OFFICE OF THE REGISTRAR
1501 W BRADLEY AVE, Swords Hall 11 ● Peoria, IL 61625-0211 ● (309) 677-3375

Email: registrar@bradley.edu
Fax: (309) 677-2715