

TRANSCRIPT REQUEST FORM

TRINITY EVANGELICAL DIVINITY SCHOOL/TRINITY GRADUATE SCHOOL

To: University Records

Trinity International University

2065 Half Day Road, Deerfield IL 60015

Fax requests accepted at: 847-317-8107

TEDS/TGS Records Contact Information:

Phone - (847)317-8050

E-mail: teds-tgsrec@tiu.edu



CURRENT STUDENTS /END OF SEMESTER REQUESTS ONLY:

- Hold this request for posting of grades Spring Summer Fall
 Hold this request for posting of degree Spring Summer Fall
(degrees are normally posted on transcripts approx. 4-6 weeks after program completion semester)

Please Print Full name:

Last _____ First _____ Middle _____ Any name(s) used previously/maiden name _____

Current Address: _____
Number _____ Street _____ City _____ State _____ Zip _____

Phone number: Home _____ Work _____ Cell _____

Email address: _____ Date of Birth: _____

Trinity Student ID Number (if known): _____ Social Security#: _____

Degree/Program Pursued: _____ Last Date of attendance: _____

Number of copies desired: Official _____ Unofficial _____
Please check if you are in either of these programs:

- MA/EdL MA/T

CHECK ONE:

Fax Service (unofficial only—**NO CHARGE**) Attention: _____ Fax#: _____

Standard Service (sent/ready for pickup within approx 7 *business* days) **NO CHARGE**

Rush Service (sent/ready for pickup within approx 3 *business* days) **\$10** for the 1ST transcript; **\$20** for more than 1 transcript

Overnight Service (sent/ready for pickup same day when received by noon) **\$20 PER USA DESTINATION** (add'l fee for overseas address)

Overnight requests are sent via Fed Ex and will not be delivered to a PO Box. Please supply destination phone #: _____

PAYMENT METHOD:

Check one: Cash Check Credit Card Money Order Credit card type: _____ Exp date: _____

Credit card #: _____ Name on card: _____

Payment amount: \$ _____ (Make check or Money orders payable to Trinity International University)

CHECK ONE:

Please call me to ***pick up*** the transcript(s) in the Records Office at phone #: _____

Please ***mail*** transcript(s) to the address noted below: (additional addresses can be added to the back of form)

Send transcript(s) to: Attn/Name: _____

Business: _____

Address: _____

City/State/Zip: _____

*All requests must be cleared with the Business office. No transcript will be released if there is a delinquent student account or loan balance. **This form must be signed by the student for request to be processed (federal law)***

Signature: _____ Date: _____