

# 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

Transcript Contact Information: Phone - (847)317-8160/8050

E-mail: [transcript@tiu.edu](mailto:transcript@tiu.edu)

Full Name (Please Print):

\_\_\_\_\_  
Last First Middle Any previously used name(s) or /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: \_\_\_\_\_ Campus location/site: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_

**CURRENT STUDENTS /END OF SEMESTER REQUESTS ONLY:**

Hold this request for posting of grades  Spring  Summer  Fall

Hold this request for posting of degree

*(Degrees are normally posted on transcripts approx. 4-6 weeks after program completion semester)*

**TRANSCRIPT OPTIONS:** *(Sent or ready for pick up in approximately 7 business days)*

Unofficial Fax Service *(NO CHARGE)* Number of Copies: \_\_\_\_\_

Official Service:

Pick up from Records Office: *(NO CHARGE)* Number of Copies: \_\_\_\_\_

United States Postal Service: *(NO CHARGE)* Number of Copies: \_\_\_\_\_

FedEx: \$20 PER USA DESTINATION Number of Copies: \_\_\_\_\_

*(Additional fee for overseas address)*

*FedEx arrives before noon the day after it is sent; FedEx cannot be delivered to a PO Box.*

**Please provide destination phone #:** \_\_\_\_\_

**PAYMENT METHOD:** *(We are currently not able to take American Express)*

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)*

**DESTINATION INFORMATION:**

Please **send** transcript(s) to the address noted below: *(Additional addresses may be added to the back of form)*

Fax Number: *(unofficials only)* \_\_\_\_\_

Attn/Name: \_\_\_\_\_

Business or Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

**IMPORTANT NOTES:**

*All requests are cleared with the Business Office. No transcript is released if there is a delinquent student account or loan balance.*

*In compliance to FERPA federal law, this form must be signed by the student for request to be processed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ *(rev. Feb. 2009)*