

TRANSCRIPT REQUEST FORM

THIS FORM IS ONLY TO BE USED BY ALUMNI/FORMER STUDENTS WHO ATTENDED PRIOR TO SUMMER 2008

The **address and email information** submitted on this form will be used to update your official institution student record unless you specifically request us not to use it. Updating your official student record will assist us in contacting you if your request for transcripts cannot be processed as requested. This information will assist the institution in providing you with important information concerning new services and academic degree programs that the institution offers as well as information on alumni, cultural and athletic events.

Please initial one:

I authorize you to update my student record with address and email information. _____ (initial one)

I do not authorize you to update my student record with address and email information. _____ (initial one)

THE REQUESTOR IS RESPONSIBLE FOR PRINTING CORRECT, COMPLETE AND LEGIBLE ADDRESS INFORMATION.

YOUR NAME		
YOUR HOME ADDRESS		
CITY	STATE	ZIP
E-Mail Address		
PLEASE PRINT CLEARLY		

_____|_____|_____| - ____|____| - ____|____|____|____|
***(Social Security Number)**

____|____| - ____|____| - ____|____|____|____|
***Birthdate (MM/DD/YYYY)**

(____) _____
Telephone number: In case we have questions about this request.

***REQUIRED FIELDS**

If you attended Bloomsburg University under a different name(s), please print here: _____.

I attended Bloomsburg University as an Undergraduate student (Bachelor's Degree) from _____ to _____
(Year) (Year)

And/or a Graduate student (Master's Degree) from _____ to _____
(Year) (Year)

_____ TO NAME: _____
Copies ADDRESS: _____

_____ TO NAME: _____
Copies ADDRESS: _____

- This form will be returned to you IF you have not signed the request, if there is a **HOLD** on your record, or if there is insufficient information.
- Students are issued official copies only in signed sealed envelopes.
- Processing time requires 2-5 business days; however, when there is a large volume of request at the beginning of each term, expect processing time to take longer.

Your Signature: _____ Date: _____

Student's Signature required authorizing release of transcript

Bloomsburg University Transcript Ordering Instructions
Maximum of 5 transcripts per request form/Maximum of 5 request forms per month

1. Carefully complete all items on the form. Be sure complete address information is given for each request.
2. Be sure you have signed your request. Federal regulations require your signature before we can mail your request. **We apologize that telephone, e-mail, or faxed requests cannot be honored.**
3. Return the form in person or by mail to:
Office of the Registrar
Bloomsburg University
400 East Second Street
Bloomsburg, PA 17815
4. Allow two to five business days for your transcript to be processed. Requests of five or more transcripts at one time require additional processing days.
5. Due to the volume of requests during the first and last weeks of the semester, processing time may be longer.
6. This form will not be processed if you have not signed the request, if there is a HOLD on your record, or if there is insufficient information. You will receive notification if any of the above applies.
7. If you have questions about transcript requests, please contact our Transcript Clerk at 570-389-4263.
8. Both undergraduate and graduate transcripts (if appropriate) will be issued for each request.
9. Each official transcript is mailed separately in a signed sealed envelope. If you request three or more transcripts they will be put in separate envelopes, then placed in a larger envelope.
10. Transcripts are issued free.