



# TRANSCRIPT REQUEST FORM

*This form is for use only by those who DO NOT have both a major credit card and a valid email address. If you have both of these, please order your transcript online. All past debts to the college must be paid before transcripts can be released.*

Your Personal Information				*Incomplete or illegible forms may delay processing			
Full/Legal Name							
Last		First		Middle		Maiden/Former	
Student ID # or SSN				Date of Birth			
				mm/dd/yyyy			
Daytime Phone #		(    )		Email Address			
Approximate Last Date of Enrollment:		Fall 2003 to Current		Fall 1982 to Summer 2003		Prior to Fall 1982	

Your Order			
Send	<input type="text"/>	<b>OFFICIAL</b> transcripts to the following recipient/address	<input type="text"/>
	# of copies		# of copies
<input type="text"/> Recipient <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Country, if not USA			

Special Handling			
<input type="checkbox"/>	Hold transcript until current term grades are posted	<input type="checkbox"/>	Hold transcript request until degree is posted after _____ term.
			Semester                      Year

Processing Options	Check or money order should be made payable to Mayville State University. Transcript charges are due upon receipt of request.														
<table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="text"/> X \$7.50 + \$0.00 = <input type="text"/>  # of Transcripts Ordered                      your total charge </td> <td style="width: 50%;"> <b>US Mail.</b> Transcript will be sent to requested recipient via US mail within 3-5 business days of receipt of order. </td> </tr> <tr> <td> <input type="text"/> X \$7.50 + \$0.00 = <input type="text"/>  # of Transcripts Ordered                      your total charge </td> <td> <b>Electronic Exchange.</b> Transcript will be sent via National Student Clearinghouse Electronic Transcript Exchange within 3-5 business days of receipt of order. <b>We are only able to send electronic transcripts if the recipient uses the National Student Clearinghouse Electronic Transcript Exchange.</b> </td> </tr> <tr> <td> <input type="text"/> X \$7.50 + \$0.00 = <input type="text"/>  # of Transcripts Ordered                      your total charge </td> <td> <b>Hold for Pickup.</b> Transcript will be ready for pickup within 3-5 business days of receipt of order. Transcript will be available for pick up at the Office of Academic Records, Main Building 114. Photo ID is required for pickup. </td> </tr> <tr> <td> <input type="text"/> X \$7.50 + \$15.00 = <input type="text"/>  # of Transcripts Ordered                      your total charge </td> <td> <b>Fax and Mail.</b> Transcript will be faxed to recipient and mailed to the same recipient via US mail within 1 business day of receipt of order. <b>Faxes to US and Canada only.</b>  <b>FAX TRANSCRIPT TO THE FOLLOWING NUMBER:</b> _____ </td> </tr> <tr> <td> <input type="text"/> X \$7.50 + \$35.00 = <input type="text"/>  # of Transcripts Ordered                      your total charge </td> <td> <b>USPS Priority Mail Express- United States.</b> Transcript will be sent via US Postal Service Priority Mail Express and a tracking number will be provided. 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The Secure Email PDF option is available by placing an order through the National Student Clearinghouse at [www.mayvillestate.edu/transcripts](http://www.mayvillestate.edu/transcripts).

**Consent**

I understand my request will not be processed without the correct payment accompanying the request. By signing this form, I am giving consent to Mayville State University to release my transcript to the recipient above. A typed signature is considered an official signature.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Electronically Submit this form- please save this form to your computer, then attach the form to an email to [records@mayvillestate.edu](mailto:records@mayvillestate.edu)  
Mail this form and required charges to- Mayville State University, Office of Academic Records, 330 3<sup>rd</sup> St. NE, Mayville, ND 58257, Fax- 701-788-4738**

OFFICE USE ONLY: On in house reconciliation report \_\_\_\_\_ How was the transcript sent \_\_\_\_\_ Date sent \_\_\_\_\_ Your Initials \_\_\_\_\_