

METHODIST UNIVERSITY TRANSCRIPT REQUEST FORM

5400 Ramsey Street Fayetteville NC 28311 Phone: (910) 630-7318 Fax: (910) 630-7410

Official transcripts require 5-7 business days to process \$12.00 fee per copy

Each student receives two (2) complimentary copies of their official transcript

Name _____ Please Print Maiden Name _____

Social Security Number/Student ID Number _____

Address _____

Phone _____ Date of Birth _____

Dates Attended _____ Fax: _____

Call for pickup YES NO

Graduating senior YES NO

Hold until grades are posted for the semester YES NO

Mail to 1) _____

2) _____

3) _____

List additional requests on reverse side

Methodist University will release academic records of students only after all financial obligations have been satisfied and the academic file is complete. This includes high school and all previous college transcripts.

Student Signature _____ Date _____

Date Mailed _____

Receipt Number _____

of Copies _____

Amount \$ _____

Processed by _____

Processing of this request will be in accordance with Methodist University student educational records privacy policy.

Additional Requests

Mail to

4) _____

5) _____

6) _____

7) _____

8) _____
