

IOWA STATE UNIVERSITY

Request for Official Transcript

*Note: You can also order transcripts using the AccessPlus system(<https://accessplus.iastate.edu/>) if you are currently enrolled or attended Iowa State University **Fall 1996** or later. After login, select the "Student" tab and then "Grades and Transcripts."*

1

Print Name (Last, First, Middle)	Former Name(s) *
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2 Signature (REQUIRED) _____

Date _____

An original signature is required to process your transcript order

About your transcript:

***NAME CHANGES:** *if you want your name change to appear on your transcript, you must submit a name change request in person with your transcript order OR call 515-294-1840 before submitting a transcript request.*

- **Payment must be made at the time of order.** Currently enrolled students may apply charges to their U-bill.
- Transcripts will not be released until delinquent accounts have been paid.
- Transcripts released to students are stamped "Issued to Student." Some institutions will not accept transcripts unless mailed by the Registrar.
- Transcripts held for current session grades or degrees are mailed approximately two weeks after the end of the term.
- Transcripts held for pick up in our office must be claimed within 30 days. Picture identification is required to pick up transcripts.
- **Your original signature must be included. Computer generated signatures are not valid.**

3 To ensure prompt processing, provide all the information requested below:

A. Print your current **street address, city, state, and zip code:**

_____ City _____ State/Zip _____

B. * Daytime Phone # (_____) _____ * Print your **e-mail address** _____

* In case we need to contact you with questions about your order.

C. Birth Date _____ University ID number **OR** last 4 digits of Social Security Number _____

D. Currently enrolled at ISU: YES NO If no, date of last attendance at ISU _____

E. ISU record(s) Undergraduate Graduate Vet Med ISU: Degree(s) _____ Year(s) _____

F. Process Now (Allow a minimum of 2 working days to process.) **OR** Process after grades and degrees are posted for the current term
 Hold for grades/degrees for: Fall Spring Summer

4 Indicate the number of copies to be mailed and/or held for pick up in the Office of the Registrar.

MAIL: Orders are normally processed within **2** working days, except during peak periods at the start and end of the term; allow additional time for mail delivery to your destination.

PICKUP: Available in 214 Enrollment Services Center **2** working days after the order is received. **Photo ID is required for transcript pickup.**

_____ (Number) of copies to be **mailed** _____ (Number) of copies held for **pick up** **Total** _____ (Number) of copies

Enter below the addresses to which transcripts are to be sent and the number of transcripts to be sent to each address (abbreviate if necessary). For additional addresses, please complete another form or attach a sheet listing the additional names.

<i>Mail _____ copies to name and address below. (Please print.)</i>	<i>Mail _____ copies to name and address below. (Please print.)</i>
Recipient	Recipient
Dept/Attn	Dept/Attn
Apt/Street	Apt./Street
City/State/Zip	City/State/Zip

5 Transcript Fee: \$15.00 per copy Payment: Cash Check/money order Credit Card (Visa/MC only)

VISA MasterCard _____ * _____ * _____ * _____ Expiration date (month/year) _____

University Bill (Currently enrolled students only) Amount due \$ _____ Payment enclosed \$ _____