

Rose-Hulman Institute of Technology Transcript Information and Request Form

According to Federal law, the release of your academic transcript in any way requires your signed request.

Your transcript can be released in any of the following formats:

- Official transcript picked up in our office or mailed to any address requested.
- Unofficial transcript faxed or e-mailed as a pdf document.

You may submit a request for your transcript in any of the following ways:

- **Come to the Registrar's Office** (Room A218, Moench Hall), complete and sign a transcript request form, and usually receive your transcript immediately or leave your request for your transcript to be mailed (official), faxed or e-mailed (unofficial).
- **Fax a signed request** (may use form below) to 812-877-8141.
- **Mail a signed request** (may use form below).
- **E-mail a request** - only acceptable if you are able to attach a scanned request with your actual signature.

Transcripts are nearly always processed the same day the request is received and are provided at **no charge** unless you require special shipping such as FedEx, overnight delivery, etc.

If special payment is necessary, please provide credit card information:

Authorized amount: \$ _____

Cardholder Name: _____

Acct #: _____

Card Billing Address: _____

Card Type: _____ Expiration: _____

Cardholder Signature: _____

Submit your signed request via fax, e-mail or regular mail:

Mail: Rose-Hulman Institute of Technology
Registrar's Office, CM #2
5500 Wabash Avenue
Terre Haute, IN 47803

Fax #: 812-877-8141

E-Mail: turner1@rose-hulman.edu
-or- registrar_dept@rose-hulman.edu

Personal Information: (Please print clearly)

Name: _____
First Middle Last Maiden Student ID #

Permanent Address: _____
Street Information
City State Zip Phone

Transcript Level (s): Undergraduate Level Graduate Level Both Non-Degree/Special Student Level

Education Information: Current Student Graduated * Did not graduate * *Approx. Dates of Attendance: _____

Other Information (optional but helpful): Date of Birth: _____ Social Security #: _____

Authorization to release transcript : – I authorize issuance of my transcript as indicated below.

SIGNATURE (REQUIRED)

Date

Daytime phone where you may be reached in case of questions

Quantity: _____ **MAIL** to: _____
Address: _____

Quantity: _____ **FAX or E-Mail** to: _____
(Unofficial) _____

Special Instructions: Issue at End of Current Term Issue each transcript in an individual sealed and signed envelope
 Issue After Degree Posted Other comment: _____