

**Transcript
Request
Form**

**CAPITAL
UNIVERSITY**

Mail or fax request to:
Office of the Registrar
2199 East Main Street
Columbus, OH 43209
Phone: (614) 236-6707
Fax: (614) 236-6753

**Fill out completely, with signature and payment, or form will be returned.*

Your information:

Name _____
Last First Middle Former Names
Street Address _____
City _____ State _____ Zip _____
Daytime Phone (____) ____-____ Date of Birth _____
Social Security Number _____
(or Student ID#)
Graduate Year _____ Years Attended _____

Mail to:

_____ Number of transcripts to address below. Fill out one form for each address.
Please print all information.

Name _____
Street _____
City _____ State _____ Zip _____

Special instructions: _____ Issue transcript(s) now.
_____ Hold transcript(s) until degree is posted: _____
Month/Year
_____ Hold transcript(s) until grades are posted: _____
Semester/Year
_____ Seal transcript(s) individually. Do not stamp "Issued to Student."
_____ Other: _____

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Capital University to release my student record as noted.

Signature _____ Date _____

For Office Use Only: Date _____
Payment Received By: _____
Circle One: Cash Check Credit Card

You can charge your Capital University fees _____

Use either VISA or MASTERCARD

Daytime Phone: (____) ____-____
Charge Card Number _____

Amount to be paid

\$ _____

Print your name as it appears on your card

Card Expiration Date _____

Please check one:

☐ VISA ☐ MASTERCARD

I hereby agree to pay the sum set forth above to the bank which issued my card in accordance with the terms of the credit card for the purchase of goods and services.

Cardholder Signature _____ Date _____

**Transcript fee payable
at time of request:**

\$5 each request

**\$5 each for same
day service (in
person only)**

**Attach check, money
order or pay by credit
card. (Do not put cash
in mail.)**

**Photo ID required
when picking up in
person.**

**Only official
transcripts will be
mailed.**

**All transcripts mailed
to student will be
stamped "Issued to
Student" unless
otherwise requested.**

**Written permission of
student is required to
pick-up transcript
other than own.**

**Allow 5 to 10 business
days for processing
once request is
received.**

For Office Use Only:

Student Name _____
Student ID# _____
Transcript Request 21 00000 61521