

# QUINCY UNIVERSITY

OFFICE OF THE REGISTRAR  
1800 College Avenue  
Quincy, IL 62301-2699  
Ph. 217-228-5280 • Fax 217-228-5283

## REQUEST FOR TRANSCRIPTS

- Effective 6/1/12: The transcript fee is **\$10.00** for each transcript requested. *Payment must be made before transcript(s) will be released.*
- Normal processing time is 3-5 working days. Please allow a longer time for processing requests made at the end of a semester.
- Transcripts Overnight Fee: \$35.00.

Please provide ALL of the following information, sign this form, and fax, mail or bring this form to the Registrar's Office (FRH 130).

Date: \_\_\_\_\_ SSN or School ID: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden and/or all prior names: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

1. SEND TRANSCRIPT TO:  **IMMEDIATELY**  **END OF TERM**  **DEGREE POSTED**

Numbers to be sent: \_\_\_\_\_

Office/Individual \_\_\_\_\_

Institution \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

2. SEND TRANSCRIPT TO:  **IMMEDIATELY**  **END OF TERM**  **DEGREE POSTED**

Numbers to be sent: \_\_\_\_\_

Office/Individual \_\_\_\_\_

Institution \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Payment Method:

Cash \$ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_. (Please make checks payable to Quincy University.)

Credit card payment for \$ \_\_\_\_\_.  VISA  MasterCard  Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

(Request will *not* be processed unless signed.)

– FOR OFFICE USE ONLY –

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Business Office