

IVY TECH COMMUNITY COLLEGE OF INDIANA

Office of the Registrar
1440 E. 35th Avenue
Gary, IN 46409

Transcript Request Form

Please complete all information below; print or type clearly.

STUDENT ID/SSN _____ - _____ - _____

NAME _____
LAST FIRST MI

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE _____ DATE OF BIRTH _____

NAME WHILE ENROLLED, IF DIFFERENT THAN ABOVE _____

DID YOU ATTEND PRIOR TO 1990? _____ AT WHICH CAMPUS _____

YEAR YOU LAST ATTENDED _____ OR GRADUATED _____

I would like the transcript issued: _____ immediately
_____ in a sealed envelope
_____ after current term grades are recorded
_____ after my degree is recorded (date expected _____)

_____ I will pick up transcript now Number of Copies _____

_____ Mail transcript to the following address:

City _____ State _____ ZIP _____

I authorize Ivy Tech Community College of Indiana to release my academic transcript as specified above.

Student Signature Date

TRANSCRIPT FEE - EFFECTIVE AUGUST 22, 2005, ALL CURRENT AND FORMER STUDENTS WILL BE ENTITLED TO ONE TRANSCRIPT AT NO CHARGE. THEREAFTER, A \$5.00 PER TRANSCRIPT FEE WILL BE CHARGED AND MUST BE PAID BEFORE A TRANSCRIPT WILL BE ISSUED.

The College is unable to honor transcript requests if you have an unpaid financial obligation to the College.

Charge fee for _____ transcripts.

BUSINESS OFFICE: FEE PAID _____ DATE _____ PROCESSED BY _____

REGISTRAR'S OFFICE: MAILED _____ ISSUED TO STD _____ DATE _____ BY _____