

# Transcript Request Form

The University of Findlay, Office of the Registrar, 1000 North Main Street, Findlay, OH 45840  
registrar@findlay.edu Phone: 419-434-4556 Fax: 419-434-5565

**Please Print Carefully in All Areas**

\_\_\_\_\_ Number of Official Transcripts Requested  
(\$6.00 per transcript)

**Effective July 1, 2017, The University of Findlay  
no longer offers free official transcripts.**

**Payment options:**

**Credit card:** Contact the Business Office at  
419-434-4690 to make payment over the phone.  
Email or fax request form to the Registrar's Office.

**Check:** Make check payable to The University of  
Findlay. Mail check and completed request form to:  
Office of the Registrar  
1000 North Main Street  
Findlay, OH 45840

**Program of Enrollment (Check all that apply):**

\_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate

Last Year of Attendance  
(if not currently registered): \_\_\_\_\_

**Student Information**

Social Security# or Student ID \_\_\_\_\_

Your Name \_\_\_\_\_

Previous Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

**Check appropriate line:**

\_\_\_\_\_ Mail transcript immediately

\_\_\_\_\_ I will take with me

\_\_\_\_\_ To be picked up by: (Please write name below)

\_\_\_\_\_ Hold for Degree and Degree Date

Expected Degree Date: \_\_\_\_\_

\_\_\_\_\_ Hold for final grades for session  
(Check one):

\_\_\_\_\_ Fall \_\_\_\_\_ Summer \_\_\_\_\_ Spring

**Mail Transcript To:**


**I hereby authorize The University of Findlay to  
release my academic transcript to the employer,  
institution, or the individual listed above.**

**I understand that a transcript cannot be  
released until all financial obligations to The  
University of Findlay are satisfied.**

**Signature**

**The transcript will not be processed without  
your handwritten signature below.**

**For Office Use Only**

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

Transcript Prepared By \_\_\_\_\_