

UNOFFICIAL TRANSCRIPT

Request Form

Simpson College, 701 North C Street, Indianola, IA 50125

Ph: 515-961-1642 Fax: 515-961-1498

Student's ID #: _____ Date: _____

Social Security #: _____ Daytime Phone #: _____

Student's Name: _____

Address: _____

SIGNATURE: I hereby authorize Simpson College to release my Unofficial Academic Transcript: _____

NOTE: If you are transferring to another school, you MUST formally withdraw from Simpson College. Contact Dean Thorius, Student Development, BSC.

_____ **UNOFFICIAL TRANSCRIPT TO BE FAXED TO:**

NAME: _____

FAX #: _____

IMPORTANT NOTICE: The information you are requesting to be faxed is confidential. Please be aware Simpson College cannot be held responsible for incorrect fax numbers or faxes which are not delivered to the intended individual or entity noted above.

_____ **UNOFFICIAL TRANSCRIPT TO BE MAILED TO:**

SPECIAL INSTRUCTIONS: _____

****FOR OFFICE USE ONLY****

Verify the student's current address with that in the system: _____
Complete a "Change of Address" form if the addresses are different. Prepared by: _____

Transcript Prepared by: _____ Mailed or Faxed by: _____ Date: _____