

**OFFICIAL TRANSCRIPT REQUEST FORM**

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

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

**ALL TRANSCRIPTS WILL TAKE 4-5 BUSINESS DAYS TO COMPLETE.**

Student's ID#: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** I hereby authorize Simpson College to release my official academic transcript:

Please sign here: \_\_\_\_\_

Number of transcripts requested: \_\_\_\_\_ In sealed envelope(s)? **Y** or **N**

\_\_\_ I will pick up the transcript(s).

\_\_\_ Transcript(s) to be mailed immediately.

\_\_\_ Transcript(s) to be mailed when current session grades are on transcript. If so, Term:

Fall \_\_\_ Spring \_\_\_ May \_\_\_ Mod1 \_\_\_ Mod2 \_\_\_ Mod3 \_\_\_ Mod4 \_\_\_ Summer \_\_\_ Degree \_\_\_

TRANSCRIPT(S) TO BE MAILED TO:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE REGISTRAR'S OFFICE CANNOT FAX OR E-MAIL OFFICIAL TRANSCRIPTS**

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**PAYMENT:** There is a \$5.00 fee for each official transcript requested. Payment must be made prior to the release of the transcript.

Amount Enclosed: \$ \_\_\_\_\_  Cash  Check  Money Order (payable to Simpson College)

Credit Card Payment:  Master Card  Discover Card  American Express

**SIMPSON COLLEGE DOES NOT ACCEPT VISA**

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ 3 Digit Security Code \_\_\_\_\_ Total Amount to be Charged: \$ \_\_\_\_\_

Print name exactly as it appears on your credit card: \_\_\_\_\_

**A 2% convenience fee will be charged for each credit card transaction.**

**FOR OFFICE USE ONLY**

Loan Office: \_\_\_\_\_ Date: \_\_\_\_\_ Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Clearance Comments: \_\_\_\_\_

Verify the student's name & current address with that in the system. Verified by: \_\_\_\_\_

Complete a "Change of Address" form if the names/addresses are different. Prepared by: \_\_\_\_\_

Transcript Prepared by: \_\_\_\_\_ Mailed or Delivered By: \_\_\_\_\_ Date: \_\_\_\_\_