

Transcript Request Form

Phone: 515-961-1642

Fax: 515-961-1310

Student's Name: _____

Date: _____

Student ID or SSN: _____

Daytime Phone: _____

Current Address: _____

Reason for Request: _____

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

Sign: _____ Date: _____

I am requesting an **OFFICIAL TRANSCRIPT** (Request will take 4-5 business days to complete)

Number of transcripts requested: _____

___ Transcript(s) to be mailed immediately.

___ Contact me for pick up.

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

Fall ___ Spring ___ May ___ T/1 ___ T/2 ___ T/3 ___ T/4 ___ Summer ___ Degree ___

TRANSCRIPT(S) TO BE MAILED TO:

2. _____

1. _____

**THE REGISTRAR'S OFFICE CANNOT FAX OR E-MAIL OFFICIAL TRANSCRIPTS
OFFICIAL TRANSCRIPTS WILL NOT BE MAILED IF THERE IS A FINANCIAL OBLIGATION WITH THE COLLEGE.**

I am requesting an **UNOFFICIAL TRANSCRIPT** (Choose one method of delivery)

1. Contact info for pickup: _____

2. Mailing Address : _____

3. Fax #: _____ Attention (Name): _____

4. E-mail Address: _____

**Return form to: Office of the Registrar
Simpson College
701 N C St.
Indianola, IA 50125**

FOR OFFICE USE ONLY

Loan Office _____ Date: _____ Business Office _____ Date: _____

Clearance Comments: _____

Current Address Verified: _____ Change of Address Form Completed: _____

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