

**Transcript Request Form**

**Instructions:** Complete this form then mail or fax it to the attention of the Registrar's Office address listed below. Transcript requests will not be processed without payment and your signature. A transcript will not be issued until all outstanding obligations due to Trinity are cleared.

**Student Information:** (Please Print)

Name (Last, First, M.I.)		Last Semester Attended	Graduation Date
Phone Number	Email Address		Date of Birth (MM/DD/YYYY)
Street Address			Social Security Number
City	State/Province	Zip/Postal Code	Country (if outside of US)

- Quantity of Official Transcript(s) to be picked up at the Registrar's Office
- Quantity of Official Transcript(s) to be mailed to the Recipient(s) below
- Quantity of Official Transcript(s) to be mailed to the student address above
- Email a student copy of my transcript to the email address above (no charge)
- Send after degree is awarded or \_\_\_\_\_ (semester/year) grades are recorded
- Special Instructions: \_\_\_\_\_

**Payment Information:** (no charge for Active, Admitted Students)

Qty of Official Transcripts ____ X \$5.00 = ____ Total Payment		<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Charge to credit card
Type of Credit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number		
Name on Card		Expiration Date (MM/DD/YYYY)	
Billing Address (if different from above)			

**Recipient Information:**


**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to the Registrar's office.**