



EMPORIA STATE UNIVERSITY

1200 Commercial St.
Emporia, KS
66801-5087

620-341-5419
620-341-5517 fax
www.emporia.edu

UNIVERSITY REGISTRAR
Box 4026

Request for Transcript

Date of Request: _____

Student ID Number _____ **Birth Date** _____

Name _____
Last First Middle Maiden

Current Address _____
Street City State Zip

Daytime Phone No. or E-Mail Address _____

Graduate of this College? _____ **Last Year of ESU Enrollment** _____

If a currently enrolled student:

Send transcript now ____ **After semester grades posted:** ____ **After degree posted:** ____

Hold for change of grade/incomplete: Course _____ **Term** _____

Total No. of Transcripts Needed: _____ **No. to be sent to above address:** _____ **Note Special Instructions - i.e. In Separate Envelopes or Signed/Sealed Envelopes**

Copies To Address Below: _____

Copies To Address Below: _____

COST:

\$8.00 per transcript mailed or picked up

\$10.00 per unofficial transcript faxed

Signature of Student

MAIL REQUEST TO:

Emporia State University
Attn: Records, Box 4026
1200 Commercial St.
Emporia, KS 66801-5087

FAX REQUEST TO:

620-341-5517

Method of payment: Cash ____ **Check** ____ **Credit card** ____

Circle one: Visa Mastercard Discover American Express

Credit Card # _____ **Expiration Date** _____