

Print and complete the form and mail to the address below

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:

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Method of payment: Cash \_\_\_\_ Check \_\_\_\_ Credit card \_\_\_\_

Circle one: Visa Mastercard Discover American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

**COST:**

\$8.00 per transcript mailed or picked up

\$10.00 per transcript faxed

**MAIL REQUEST TO:**

Emporia State University

Attn: Records, Box 4026

1200 Commercial St.

Emporia, KS 66801-5087

**FAX REQUEST TO:**

620-341-5517

\_\_\_\_\_  
Signature of Student