https://www.studentclearinghouse.org/secure_area/Transcript/login.asp?FICEcode=00158900

1883

Transcript Request

Office of the Registrar 7300 Reinhardt Circle Waleska, GA 30183 Fax: 770-720-5913

Email: transcripts@reinhardt.edu

All financial obligations and records holds from the University must be met before an official transcript can be issued.

Please complete and <u>sign</u> the request and return it in person, or by fax, email, or mail to the address above with the <u>applicable processing fee</u>. Please allow up to 5 business days for processing.

REGISTRAR'S OFFICE USE ONLY				
PAID AMOUNT REGISTRAR'S DATE STAMP				
TRANSCRIPT PRINTED INITIALS	DATE			

PLEASE PRINT CLEARLY AND FILL IN ALL PORTIONS OF THE FORM

Inco	mplete or ille	gible forms may result in a de	lay in your reque	est being processed.	
STUDENT INFORMATION					
	OR	XXX-XX			
Student ID #		Last 4 digits Social Sec	urity#	Birth Year	
Name: Last	First	MI		Other names in which your record might be listed	
Current Home Address				Best Daytime Phone Number	
City	State	Zip Code	_ Current Stud	dent Alumnus Former Student	
OFFICIAL TRANSCRIPTS REQU	JESTED				
OFFICIAL (\$7 per transcrip	ot)	Please print name and full address of recipient			
Quantity			Name of Institution		-
Mail			Name of institution		
Pickup			Attention		
Hold for current term grades			Street Address		
Hold for degree posting					
		City	State	Zip Code	
UNOFFICIAL TRANSCRIPT REC	QUESTED:	Current students should access their unofficial transcript though EagleWeb.			
UNOFFICIAL (no charge in	f emailed)				
		Email address of recipient			
Please arrange to pay the re	quired \$7 fee	e per transcript. Transcripts v	will be processed	t the Registrar's Office at 770-720-5534. after both the form and the payment the form will no longer be valid.	,

Payment methods:

- 1. To pay via phone, call the Business Office at 770-720-5520.
- 2. To pay by mail or in person, include payment with this form. For security purposes, please do not mail cash.

*I hereby authorize Reinhardt University to release my transcripts according to the above selection.

 $\label{lem:requestor} \textbf{Requestor's signature authorizes release of transcripts}.$

Date