TRANSCRIPT REQUEST FORM

1. Print Name (Last, First, Middle)                        Former Name(s)

2. Signature (REQUIRED)______________________________________________________ Date__________________

About your transcript:
• Receipt of $5 per transcript is required prior to release of any transcript.
• A financial obligation to the University will prohibit the release of transcripts.
• Transcripts released to students are stamped “Issued to Student”. Some institutions will not accept transcripts unless mailed by the Registrar.
• Transcripts will not be faxed.
• Requests may be faxed with credit card payment or call BVU Business Office at 712.749.2148 with your credit card information.
• An additional fee of $20 will be assessed for urgent requests (processed in 24 hours)

3. To ensure prompt processing, provide all the information requested below:

A. Social Security #: _______________________________________ Daytime Phone: (        ) ________________

B. Current Address:_____________________________________________________________________________
   City:________________________________________________________State: _______ Zip:_______________

C. Currently enrolled at BVU: ____ Yes ____ No    If no, date of last attendance at BVU:_____________________

D. BVU record(s): _____ Undergraduate _____ Graduate.

E. Process Now: _____ OR Process after grades are posted for current enrollment. Circle one.

   Storm Lake Campus Semester:     Fall     Interim     Spring     Pre-session     Summer One     Summer Two
   Center Termcode:     T1     T2      T3      T4      T5      T6          Co-op:  Fall    Spring

4. Indicate the number of copies to be mailed and/or held for pick up in the Office of the Registrar.

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5. Transcript Fee: $5 per copy
Method of payment (Check one):    ___Cash  ___ Check/Money Order   ___Visa  ___MasterCard    ___Discover    __ Am Express

Credit card #: __ __ __ __ * __ __ __ __ * __ __ __ __ * __ __ __ Expiration date: ___________________ (Month & Year)

Mail this form and your payment to:
Buena Vista University, Office of the Registrar, 610 West Fourth Street, BVU Box 2009, Storm Lake, Iowa 50588
http://chuck.bvu.edu/registrar
Phone: 712.749.2233 • Fax: 712.749.1466 • E-mail: registrar@bvu.edu