

**CAMPBELLVILLE UNIVERSITY  
LOUISVILLE CAMPUS**

Request for Transcript from High School/College/University

Note to Applicant: This form has been provided for your convenience in requesting your transcript(s). Deliver or send the completed form directly to the high school/college/university registrar's office. The Family Educational Rights and Privacy Act of 1974 and subsequent legislation require that permission be granted for the release of academic records by schools. Therefore, it is necessary for you to request that your transcript(s) be sent to our office. Please complete and sign this form and submit it to the appropriate official at your college/university. **This form may be photocopied if transcripts are being requested from more than one institution.**

Name of High School/College/University: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Registrar:

I, \_\_\_\_\_, request that you send an official copy of my transcript to:  
(Please print your full name)

Campbellsville University  
Louisville Campus  
2300 Greene Way  
Louisville, KY 40220

I last attended your school: \_\_\_\_\_  
(Month/Semester) (Year)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_  
(Please print)

If there is a charge or problem, please contact me at: \_\_\_\_\_  
(Daytime phone number)

My current address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date