

## TRANSCRIPT REQUEST FORM

### Student Information

Name: \_\_\_\_\_  
Last First Middle Maiden

CU ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Student Authorization

I authorize Campbellsville University to release my transcript as prescribed herein.

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

\_\_\_\_\_  
 Date

### Release Information

### Notes

Issue me \_\_\_\_ copy/copies

Now

After current term grades are posted

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I will pick up

Mail to above address

- Financial obligations to the University will prevent the processing of transcript orders.
- Each copy of a transcript costs \$10.00 and must be paid by credit card.
- If you need an electronic copy you must request it from our website at [campbellsville.edu](http://campbellsville.edu) through the National Student Clearinghouse.
- Allow 3 - 5 business days for processing of transcript orders.
- You may mail or e-mail this form to the address above on the right corner.

Issue ____ copy/copies to ... Person/Institution: _____ Attn: _____ Address: _____ City/State/Zip: _____ <input type="checkbox"/> Now <input type="checkbox"/> After current term grades are posted	Issue ____ copy/copies to ... Person/Institution: _____ Attn: _____ Address: _____ City/State/Zip: _____ <input type="checkbox"/> Now <input type="checkbox"/> After current term grades are posted
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### Credit Card Information - *Campbellsville University does not retain credit card information.*

\_\_\_\_\_  
 Name on Card

\_\_\_\_\_  
 Expiration Date

\_\_\_\_\_  
 Credit Card Number

\_\_\_\_\_  
 CVV