Transcript Request Form - Download Version

1. Complete the form and fax it to: 270.789.5362 or mail it to:
   Student Records, UPO 789, Campbellsville, KY 42718. You may email it to studentrecords@campbellsville.edu.
2. Provide your credit card information below for the $6.00 fee or mail a check payable to CU.
3. Note: If your request cannot be processed, you will be notified.
4. Most requests are processed within 48 hours of request, exclusive of weekends and peak periods.
5. Limitations: We do not fax transcripts. Former students may request official transcripts only.

Student Information
Name (as it was when you attended Campbellsville University):

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
<th>Last</th>
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Current Address                                                                                                       City                                   State                   Zip

Date of Birth MM/DD/YY         CU ID or SSN   Phone (with Area Code) E-Mail Address

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

Student Signature         Date

Send my transcript to…
☐ Me at the address above.
☐ This organization/institution:

Name of Organization or Institution

Address Line 1

Address Line 2 (If needed)

City/State/Zip

Requestor is not notified when transcript is sent to a third party. Check with third party to confirm receipt of the transcript.

Credit Card Information - Campbellsville University does not retain credit card information and shreds after billing.

<table>
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<tr>
<th>Type (VISA/Mastercard/etc)</th>
<th>Name on Card</th>
<th>Expiration Date</th>
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Credit Card Number         CCV* (REQUIRED)

*The CCV is the 3 or 4-digit number at the end of our credit card number. It is typically on the back of your credit card.