

Campbellsville UNIVERSITY

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):

First	Middle	Maiden	Last
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
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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.

Type (VISA/Mastercard/etc)	Name on Card	Expiration Date
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.*