



TRANSCRIPT REQUEST FORM

This form is for use only by those who DO NOT have both a major credit card and a valid email address. If you have both of these, please order your transcript online. All past debts to the college must be paid before transcripts can be released.

Your Personal Information				*Incomplete or illegible forms may delay processing			
Full/Legal Name							
		Last		First		Middle Maiden/Former	
Student ID # or SSN				Date of Birth			
						mm/dd/yyyy	
Daytime Phone #		()		Email Address			
Approximate Last Date of Enrollment:		Fall 2003 to Current		Fall 1982 to Summer 2003		Prior to Fall 1982	

Your Order			
Send	# of copies	OFFICIAL transcripts to the following recipient/address	# of copies
		UNOFFICIAL transcripts to the following recipient/address	
Recipient			
Street			
City		State	Zip Code
Country, if not USA			

Special Handling			
<input type="checkbox"/>	Hold transcript until current term grades are posted	<input type="checkbox"/>	Hold transcript request until degree is posted after _____ term.
			Semester Year

Processing Options		<i>Check or money order should be made payable to Mayville State University. Transcript charges are due upon receipt of request.</i>	
Charges		Details	
_____ X \$7.25 + \$0.00 = _____ # of Transcripts Ordered your total charge		US Mail. Transcript will be sent to requested recipient via 1 st class U.S. mail within 3-5 business days of receipt of order.	
_____ X \$7.25 + \$0.00 = _____ # of Transcripts Ordered your total charge		Electronic Exchange. Transcript will be sent via National Student Clearinghouse Electronic Transcript Exchange within 3-5 business days of receipt of order. We are only able to send electronic transcripts if the recipient uses the National Student Clearinghouse Electronic Transcript Exchange.	
_____ X \$7.25 + \$0.00 = _____ # of Transcripts Ordered your total charge		Hold for Pickup. Transcript will be ready for pickup within 3-5 business days of receipt of order. Transcript will be available for pick up at the Office of Academic Records, Main Building 114. Photo ID is required for pickup.	
_____ X \$7.25 + \$10.00 = _____ # of Transcripts Ordered your total charge		Rush-Hold for Pickup. Transcript request received on a business day by 2:00pm CST will be available for pickup by 9:00am CST the next business day at the Office of Academic Records, Main Building 114.	
_____ X \$7.25 + \$10.00 = _____ # of Transcripts Ordered your total charge		Express Mail. Transcript will be mailed to requested recipient via US Postal Service "Two Day Priority Mailer" within 2 business days of receipt of order. A 2 day delivery is not guaranteed by the US Postal Service.	
_____ X \$7.25 + \$15.00 = _____ # of Transcripts Ordered your total charge		Fax and Mail. Transcript request received on a business day by 2:00pm will be faxed to recipient on the same day and mailed to the same recipient within 24 hours via regular 1 st class US mail. Faxes to US and Canada only. FAX TRANSCRIPT TO THE FOLLOWING NUMBER: _____	
UNITED STATES _____ X \$7.25 + \$30.00 = _____ # of Transcripts Ordered your total charge		UPS. Price is determined by the <u>RECIPIENT'S COUNTRY</u> . Transcript will be processed and mailed to the recipient the same business day as receipt of order via UPS if it is received by 10:30am CST. One day delivery does not include weekends. Additional charges may apply.	
CANADA and MEXICO _____ X \$7.25 + \$40.00 = _____ # of Transcripts Ordered your total charge			
INTERNATIONAL _____ X \$7.25 + \$50.00 = _____ # of Transcripts Ordered your total charge			

The Secure Email PDF option is available by placing an order through the National Student Clearinghouse at www.mayvillestate.edu/transcripts.

Consent

I understand my request will not be processed without the correct payment accompanying the request. By signing this form, I am giving consent to Mayville State University to release my transcript to the recipient above. A typed signature is considered an official signature.

Student Signature: _____ Date: _____

To Electronically Submit this form- please save this form to your computer, then attach the form to an email to records@mayvillestate.edu
Mail this form and required charges to- Mayville State University, Office of Academic Records, 330 3rd St. NE, Mayville, ND 58257, Fax- 701-788-4738

OFFICE USE ONLY: On in house reconciliation report _____ How was the transcript sent _____ Date sent _____ Your Initials _____