

TRANSCRIPT REQUEST FORM

EVANGEL UNIVERSITY
Records and Registration Office
1111 N. Glenstone Avenue, Springfield, MO 65802
Phone: 417-865-2815 ext. 7460 • Fax: 417-865-9599

For Office Use Only Received: _____ Date Sent: _____

YOUR INFORMATION (PLEASE FILL OUT THIS FORM BEFORE PRINTING)

Name: _____ (_____)
Last First Middle Maiden/Former Names

Date of Birth: _____ SSN: _____ Daytime Phone: _____

Current Address: _____
Street City State Zip

Currently enrolled as a student: Yes No Last Year Attended: _____

Email address: _____

Your Signature: _____

TRANSCRIPT PROCESSING - We do not email transcripts. However, unofficials may be faxed.

Mail ___	official unofficial	transcript(s) to:	Mail ___	official unofficial	transcripts to:
_____			_____		
_____			_____		
_____			_____		
_____			_____		

SPECIAL HANDLING INSTRUCTIONS

Fax unofficial transcript to: _____ Attn: _____

- Please send now.
 - I will pick up my transcript(s) at the Records Office.
 - Hold request and mail once degree is posted.
 - Hold request and mail once semester grades are issued.
 - Overnight delivery/stateside FED EX \$15. *Note: Delivery subject to service availability*
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Transcripts are not released to those whose financial obligations to Evangel University have not been satisfied. Please enclose payment of \$3.00 for each official transcript. There is no charge for an unofficial. Make money order or check payable to **Evangel University**.

Also, payment can be made by credit card:
Visa MasterCard Discover American Express
Card # _____ Card Holders Name _____
Expiration Date: _____