

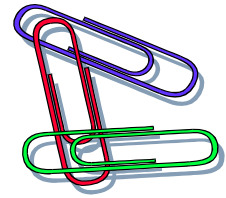
# DEPARTMENTAL REQUEST FOR RECORDS

REGISTRAR'S OFFICE

Attn: TRANSCRIPTS

Lucina Hall B- 50 5-1970 Fax : 765-285-8765

Date:



Requestor's name:	Date needed:
Department:	Contact name and phone number:
Reason for requested materials:	
<input type="checkbox"/> Admission into program of study <input type="checkbox"/> Prerequisite checking <input type="checkbox"/> Other: Please specify _____ Please allow a minimum of 1-2 days for processing. We will accommodate your requests in a timely manner.	

\* I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations. Signature \_\_\_\_\_ Date \_\_\_\_\_

Documents requested: (Check all that apply)

- BSU Unofficial transcript
- Transcript from another university  
Name of school/s if known \_\_\_\_\_
- Other:  
Please specify \_\_\_\_\_

Please print or type

Student ID Number	Last Name	First Name	MI	Former name

Method of delivery:

- Return through campus mail     
  Call dept when ready for pick-up     
  Fax to dept # \_\_\_\_\_

All photocopies of records are for internal review only and should not be given to a third party. Students should contact the Registrar's Office to obtain an official transcript of their record. 765-285-1970.

**FOR OFFICE USE ONLY**

- Unable to find requested student on file or database
- Unable to find requested document on student
- Other: \_\_\_\_\_