



# BALL STATE UNIVERSITY REQUEST FOR TRANSCRIPT

Please print and complete the form below. The form must include your signature in order to be processed. Once the form is completed fax OR mail it to:

Ball State University  
Registrar's Office  
Attn: Transcripts  
Muncie, IN 47306  
Fax (765)285-8765

*The information below is required in order for your Transcript Request to be processed.*

## PERSONAL INFORMATION:

Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Former/Maiden)

Student ID: \_\_\_\_\_ OR Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Year/Term Attended: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

\*For contacting you regarding requests \*Email address: \_\_\_\_\_

## FORWARDING INSTRUCTIONS:

- Mail my transcript immediately.
- Hold until my semester grades post.
- Hold until my degree is posted for the \_\_\_\_\_ semester.
- Mark here if you require your transcripts to be returned in individual sealed and stamped envelopes. (\*This is a requirement with some educational institutions or agencies.)
- Hold for a change of grade in this course \_\_\_\_\_ for \_\_\_\_\_ semester.

Number of  
Copies

## RECIPIENT'S NAME and ADDRESS

(Student is responsible for correct and complete forwarding address):

*\*Please only include one address per form.*

STUDENT SIGNATURE (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Questions: (765)285-1970

*\*Please note that transcripts will not generate or process if you have any type of HOLD on your record.*