

## TRANSCRIPTS REQUEST DIRECTIONS

Transcripts are issued only upon the student's or former student's written request.

Information needed:

- Full legal name
- Previous names used
- Social security or student ID number
- Birth date
- Current address
- Year of graduation or date of last attendance at Franklin College
- Name, title, and complete address of person to whom the transcript is to be mailed
- **Student's signature**

Requests can be (Printable Request Form)

- Faxed to (317)738-8022
- Mailed to:  
Franklin College  
Academic Records Office  
101 Branigin Blvd.  
Franklin, IN 46131-2623

Cost:

- Standard - \$2.00 per copy\*
- Immediate - \$10.00 per copy\*\*

\*Average processing time is 1 -3- working days

\*\*Processed within one working day

Questions?

- E-mail [registrar@franklincollege.edu](mailto:registrar@franklincollege.edu)
- Phone (317)738-8018



**TRANSCRIPT REQUEST**  
PLEASE PRINT ALL INFORMATION LEGIBLY  
Fill out ONE form for EACH DELIVERY ADDRESS

**Academic Records Office**  
101 Branigin Blvd.  
Franklin, IN 46131-2623  
(317) 738-8018  
Fax (317) 738-8022  
[registrar@franklincollege.edu](mailto:registrar@franklincollege.edu)

Date of Request \_\_\_\_\_ \*Processing time 1 – 3 working days

PICK UP: (Written permission is required if picked up by someone other than student)

FAX TO: \_\_\_\_\_  
(ALL faxed transcripts are UNOFFICIAL)

MAIL TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCESSING**

Standard: \_\_\_\_\_ (\$2.00 per transcript)

Immediate: \_\_\_\_\_ (\$10 first transcript,  
\$5 each additional)

Qty Ordered
_____

Order Total
\$ _____

Student last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ ID or Social Security number \_\_\_\_\_

Street address \_\_\_\_\_ Previous name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Franklin College to release my academic record as noted.

<b>Issue transcripts now:</b> _____
<b>Hold transcripts for grade change:</b> _____ Course _____ Year _____ Term _____
<b>Hold transcripts until semester grades are posted:</b> _____ Fall ___ Winter ___ Spring ___ Summer 1 ___ Summer 2 ___
<b>Hold transcripts until degree is posted:</b> _____ December _____ May _____ August _____

\_\_\_\_\_  
**Signature** (Transcript cannot be released without student's signature)

**SPECIAL INSTRUCTIONS:**

**PAYMENT TYPE:**  Cash  Check # \_\_\_\_\_

Visa  Master Card  Discover

Charge Card Number  
\_\_\_\_\_

Card Expiration  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For office use only

\_\_\_\_\_ Business Office Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Date Mailed \_\_\_\_\_