



OTTERBEIN COLLEGE

REQUEST FOR OFFICIAL TRANSCRIPT

Please allow 5 business days for processing or 10 business days at beginning or end of quarter.

_____ MAIL TRANSCRIPT TO: (stay within lines)_____

PLEASE ensure address is complete, correct, legible and include zip code

_____ NUMBER OF TRANSCRIPTS REQUESTED FOR ABOVE ADDRESS

Complete one form for EACH address

FEE per transcript

\$3.00 - registered for current or future term

\$5.00 - not registered for current or future term

I hereby authorize Otterbein College to release the transcript of my academic record as indicated above. I understand that a transcript cannot be released until all financial obligations to the College are satisfied.

PLEASE PRINT - Full Name and Address

Last

First

Middle/Maiden

Street

City

State

Zip Code

Phone No. _____

Student ID or SSN _____

Signature _____

CHECK ALL THAT APPLY

- SEND PICK UP
- Check here if you need each copy in a separate SEALED ENVELOPE with Registrar's signature
- ATTACH form I've provided
- HOLD for posting of degree to
Autumn ___ Winter ___ Spring ___ Summer ___
- HOLD for posting of final grades to
Autumn ___ Winter ___ Spring ___ Summer ___
- HOLD for grade change
Term _____ Course # _____
- OTHER _____

THIRD PARTY AUTHORIZATION

The person indicated below is authorized to pick up my transcript.

(Printed Name of THIRD PARTY)

STUDENT BACKGROUND

Dates of Attendance:

- Currently Enrolled
- Former Student/Graduate
 - Year _____
 - Before 6/1987 _____
 - Before 1970 _____

REGISTRAR - ONLY

Financial Holds – Hold "M" on L48

- Yes – Informed student to resolve
- No

Date of request ____/____/____

Amount Paid \$ _____

Received by _____

Rev. 06/2007 Transcript .Request Form

Mail to: Transcripts, Otterbein College, Office of the Registrar, Westerville, OH 43081