

# 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

<b>For Office Use Only</b> Received: _____ Date Sent: _____
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## 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:** \_\_\_\_\_

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

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

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## 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: \_\_\_\_\_