UNIVERSITY OF EVANSVILLE
EST 1854
*Civic Mission…Sacred Trust*

# Office of the Registrar Transcript Request

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|---|---|
| Please complete this form and mail or fax it to: | University of Evansville<br>Attention: Office of the Registrar<br>1800 Lincoln Avenue,<br>Evansville, IN 47722<br>Fax number: (812) 488- 2609 |

***Please print.***

Name: _____ Social Security #: _____
Last First Middle I. (**or** University of Evansville ID #)

Other Last Name(s): _____ Date of Birth: _____

Approximate Enrollment Dates: _____

Current Telephone Number: (____) _____ Number of Copies: _____

Please include any special transcript instructions:

_____

_____

Address(es) to send your transcript(s) to:

1) _____

_____

2) _____

_____

3) _____

_____

**Student Signature (*REQUIRED*)**: _____ Date: _____

**Note:** There is no charge for transcript requests. We will try our best to complete your transcript request within five business days. Transcripts can also be picked up in person from the Office of the Registrar with valid identification. Our business hours are Monday to Fridays from 8:00 to 5:00 p.m.

Office of the Registrar
Room 106, Olmsted Administration Hall
812-488-2600

*August 2010*