



Please complete all information below as incomplete forms will result in processing delays.

Payment by check, money order or credit card for each request must accompany this form.

Student ID or SSN	Date of Birth	Contact Phone (very important)	
Last Name	First Name	Middle Name	Former Name (s)
Current Mailing Address (required)	City	State	Zip
E-Mail	Attended from: Term/Year to		Term/Year
Degree Received and Date	School/Program Attended (i.e.: Graduate Nursing, Medical School etc.)		

I authorize OHSU to release my transcript and accept payment as indicated below.	
Student Signature (required - unsigned requests will not be processed)	Date

Handling Fees:	
1 st Transcript ordered and sent to home institution:	Free
Each Transcript ordered 48 hours in advance:	15.00
Each Transcript ordered, same day service:	20.00
Each Faxed or E-mail Copy	20.00

Special Handling: (optional)
<input type="checkbox"/> Send after grades are posted: (term and year or course #) _____
<input type="checkbox"/> Send after Degree or Completion Statement is noted: (term and year) _____
<input type="checkbox"/> Other: _____

Send To:	
<input type="checkbox"/> Send (ordered 48 hrs in adv.) <input type="checkbox"/> Send now (same day rush service) <input type="checkbox"/> Pick up (ordered 48 hrs in adv.) <input type="checkbox"/> Pick up (same day rush service)	<input type="checkbox"/> Send (ordered 48 hrs in adv.) <input type="checkbox"/> Send now (same day rush service) <input type="checkbox"/> Pick up (ordered 48 hrs in adv.) <input type="checkbox"/> Pick up (same day rush service)
Address Line 1	Address Line 1
Address Line 2	Address Line 2
City/State/Zip	City/State/Zip
Number of Transcripts to this Address: _____	Number of Transcripts to this Address: _____

<input type="checkbox"/> Attach Check/Money Order payable to OHSU <input type="checkbox"/> Credit Card - MasterCard or Visa only - include credit card number and expiration date. Card #: _____ Expiration date: _____ Total Amount: _____

<input type="checkbox"/> Fax ** <input type="checkbox"/> E-Mail as a pdf** Attn: _____ Fax or E-mail _____ <small>**It is the responsibility of the student to ensure the receiving institution will accept a faxed or e-mailed transcript. OHSU is not responsible for the readability transmission or for ensuring the receiving institution accepts the document.</small>
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