

Quincy University

OFFICE OF THE REGISTRAR

1800 College Avenue • Quincy, IL 62301-2699
Ph. 217-228-5280 • Fax 217-228-5283

REQUEST FOR TRANSCRIPTS

- The transcript fee is **\$10.00** for each transcript requested. Payment must be made before transcript(s) will be released.
- Normal processing time is 3-5 working days. Please allow a longer time for processing requests made at the end of a semester.
- Transcripts Overnight Fee: \$35.00.
- Email: registrar@quincy.edu

Please provide ALL of the following information, sign this form, and fax, mail, email or bring this form to the Registrar's Office (FRH 130).

Date: _____ SSN or School ID: _____

Name: _____ Date of Birth: _____

Maiden and/or all prior names: _____

Current Mailing Address: _____

I give permission to update my current address listed as my permanent address to Quincy University.

Phone No.: _____ Dates of Attendance: _____

1. SEND TRANSCRIPT TO: **IMMEDIATELY** **END OF TERM** **DEGREE POSTED**

Numbers to be sent: _____

Office/Individual _____

Institution _____

Street _____

City/State/Zip _____

2. SEND TRANSCRIPT TO: **IMMEDIATELY** **END OF TERM** **DEGREE POSTED**

Numbers to be sent: _____

Office/Individual _____

Institution _____

Street _____

City/State/Zip _____

Payment Method:

Cash \$ _____ Received by _____ Date _____

Check enclosed for \$ _____. (Please make checks payable to Quincy University.)

Credit card payment for \$ _____. VISA MasterCard Discover

Card Number: _____ - _____ - _____ Expiration Date: ____ / ____

Name of Cardholder: _____

Signature: _____

– FOR OFFICE USE ONLY –

Date Received

Business Office

Signature: _____

(Request will *not* be processed unless signed.)