

Registrar's Office
Clark Hall, 3rd Floor
Indiana, PA 15705
registrars-office@iup.edu
724.357.2217

TRANSCRIPT REQUEST FORM FOR DUAL ENROLLMENT STUDENTS

IUP University ID: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI _____

Student Contact Information

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

Non-IUP email: _____

TRANSCRIPT RECIPIENT INFORMATION

Transcripts will be sent to the recipient after the semester's final grades are processed.

School Counselor's Full Name: _____

High School Contact Information

Name of High School: _____

High School Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Signature of Student: _____ Date: _____

Family Educational Rights & Privacy Act [FERPA] requires students to sign and date this consent form

REGISTRAR'S OFFICE USE ONLY

Date Processed: _____ Date Sent to Recipient: _____

Staff Name: _____