

Official Transcript Request Form

Student Information

Full Name: _____

Name While Attending: _____ Birthdate: _____

Dates Attended: _____ Degree(s) Received: _____

Current Phone #: _____ Current Email Address: _____

Signature (required): _____ Baylor ID #: _____
(If known)

Transcript Order Details *(One Recipient per Form)*

PDF Transcript

Recipient Name: _____

Recipient Email Address: _____

Paper Transcript

Number of copies requested: _____

Pickup

Mail *(Mailing address below required)*

Recipient Name: _____

Street Line 1: _____

Street Line 2: _____

Street Line 3: _____

City: _____

State: _____ Zip: _____

Country (if other than USA): _____

Notes (Internal Office Use Only):