



TAYLOR UNIVERSITY FORT WAYNE

FREE TRANSCRIPT REQUEST
Registrar's Office

Student number/SSN: \_\_\_\_\_ Date of request: \_\_\_\_\_

Student's full name: \_\_\_\_\_
Last First Middle

Other names your transcript may have listed: \_\_\_\_\_

I attended: (check all that apply) Date of birth: \_\_\_\_\_

- Fort Wayne Bible Institute/College
Summit Christian College
TUFW
TUFW Online (CLL, CALL)
Correspondence course(s)
Date of graduation (if applicable) \_\_\_\_\_

Daytime phone: ( ) \_\_\_\_\_ Other phone ( ) \_\_\_\_\_

Home address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please update my contact information with Alumni Relations. You may also visit fw.taylor.edu/alumni/contact

Number of copies needed \_\_\_\_\_ Official copy, signed and sealed Unofficial copy on regular paper

Handling

- Pick-up Date: \_\_\_\_\_ Time: \_\_\_\_\_ Special handling (attach request w/credit card info)
Mail back to me at my home address listed above.
Send after posting recently completed grades.
Send after posting the degree I recently earned.
Send to the mailing address that I provide below:

Mail to: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

REQUIRED Student Signature: \_\_\_\_\_

Return this Transcript Request form to:
Taylor University Fort Wayne
Registrar's Office, ATTN: Transcript Clerk
1025 West Rudisill Blvd.
Fort Wayne, IN 46807

You may also fax your request to (260) 744-8989