

↓ Scroll Below for Transcript Ordering Instructions ↓

TRANSCRIPT REQUEST FORM

Maximum of 5 transcripts per request form.

Maximum of 5 request forms per month.

**Bloomsburg University
Office of the Registrar
150 Student Services Center
400 East Second Street
Bloomsburg, PA 17815**

THE REQUESTOR IS RESPONSIBLE FOR PRINTING CORRECT, COMPLETE AND LEGIBLE ADDRESS INFORMATION.

YOUR NAME
YOUR HOME ADDRESS
CITY STATE ZIP
E-Mail Address
PLEASE PRINT CLEARLY

_____|_____|_____| - ____|____| - ____|____|____|____|
(Social Security Number)

_____|_____|_____|_____|_____|_____|
(BU Student ID#)

If not a current student please only submit your SS#

_____|_____| - ____|____| - ____|____|____|____|
Birthdate (MM/DD/YYYY)

(_____) _____

Telephone number: In case we have questions about this request.

If you attended Bloomsburg University under a different name, please print here: _____.

I attended Bloomsburg University as an Undergraduate student (Bachelor's Degree) from _____ to _____ and a Graduate student (Master's Degree) from _____ to _____
(Year) (Year) (Year) (Year)

Please send:

of copies to my home address (Above): _____ **Send Now** **Wait for:** End of Current Semester Grades or Degree Granted
Copies

Please hold for pick up:

of copies for pick up: _____ 2-3 Days **Wait for:** End of Current Semester Grades or Degree Granted
Copies

Please send:

_____ TO NAME: _____

Copies

ADDRESS: _____

Send Now

Wait for:

End of Current Semester Grades

Degree Granted

EMAIL: _____

Specific Email of individual at the College or Company

_____ TO NAME: _____

Copies

ADDRESS: _____

Send Now

Wait for:

End of Current Semester Grades

Degree Granted

EMAIL: _____

Specific Email of individual at the College or Company

- This form will be returned to you **IF** you have not signed the request, if there is a **HOLD** on your record, or if there is insufficient information.
- Students are issued official copies only in signed sealed envelopes.
- Processing time requires 2-3 business days; however, when there is a large volume of request at the beginning of each term, expect processing time to take longer.

Your Signature: _____ Date: _____

Student's Signature required authorizing release of transcript.

Bloomsburg University Transcript Ordering Instructions

1. Carefully complete all items on the form. Be sure complete address information is given for each request.
2. Be sure you have signed your request. Federal regulations require your signature before we can mail your request. **We apologize that telephone, e-mail, or faxed requests cannot be honored.**
3. Return the form in person or by mail to:
Office of the Registrar
Bloomsburg University
400 E Second Street
Bloomsburg, PA 17815
4. Allow two to three business days for your transcript to be processed. Requests of five or more transcripts at one time require additional processing days.
5. Due to the volume of requests during the first and last weeks of the semester, processing time may be longer.
6. This form will not be processed if you have not signed the request, if there is a HOLD on your record, or if there is insufficient information. You will receive notification if any of the above applies.
7. If you have questions about transcript requests, please contact our Transcript Clerk at 570-389-5336.
8. Both undergraduate and graduate transcripts (if appropriate) will be issued for each request.
9. Each official transcript is mailed separately in a signed sealed envelope.
10. Transcripts are issued free.