

TRANSCRIPT REQUEST-BAYLOR UNIVERSITY

REGISTRAR OFFICE, ATTN: TRANSCRIPTS-ONE BEAR PLACE #97068-WACO, TEXAS 76798-(254) 710-1181-FAX (254) 710-2233

Office Use Only

	Yes	Holds	No
Loan Office	_____	_____	_____
Cashiers	_____	_____	_____
FAM	_____	_____	_____
Bookstore	_____	_____	_____
RT	_____	_____	_____

Number of Transcripts Requested _____
 Name _____
 (Last) (First)
 Date Mailed _____

Last Name _____ First _____ Middle/Maiden _____
 Student ID# _____ Birthdate _____

CHECK APPROPRIATE BOX:
 Send Transcript NOW.
 HOLD for Current Semester Grades
 FALL SUMMER I
 SPRING SUMMER II
 HOLD for Degree Notation.

Dates Attended _____
 Baylor University _____

Student Address _____
 _____ Telephone No _____

STUDENT'S WRITTEN SIGNATURE _____
 (Must Sign Request)

No. of Trans. _____
 Date REC'D _____
 DATE MAILED _____

Send Transcript to: (complete name and address below)

SEND TRANSCRIPT TO: (Include Address)

**THIS SECTION
 MUST BE FILLED
 IN OR WE
 CANNOT USE
 THE REQUEST.**

**If transcript is faxed, you must also provide a mailing address. We cannot fax a transcript without mailing it.

THIS IS THE MAILING LABEL-MUST FILL IN

Name _____
 Student ID No. or SSN _____

IN THE BOX BELOW, PLEASE ENTER THE COMPLETE NAME AND ADDRESS OF WHERE TO SEND TRANSCRIPT
 Number of transcripts to this address _____