



TRANSCRIPT REQUEST

To: Office of the Registrar

Please send an official copy of my transcript to:

Troy University
7521 Fourth Avenue North
Malmstrom AFB, MT 59402-7507

(406) 727-5451
Fax: (406) 727-5452
montana@troy.edu

School Codes for: SAT – 1796 ACT – 4744
CLEP – 5791 DANTES – 8397
MAT – 1081 GRE/GMAT – 5791

Dates I attended your institution: _____

My name while attending your institution: _____
Last First MI

My name at present (if different): _____
Last First MI

My present address:

Social Security Number / Student ID Number: _____

Fee enclosed \$_____ (check/money order) or bill me.

Signature _____ Date _____

Instructions:

1. Complete one form for each college attended.
2. Attach a check or money order payable to that school. (No cash).
3. Mail as soon as possible
4. *Note:* If transcripts are not received by the end of your first term with Troy, you may not re-enroll or receive a transcript of courses taken at Troy.