

**TROY UNIVERSITY
TRANSCRIPT REQUEST FORM** 

Date: _____ Due Date: _____
Last name: _____ First name _____ Middle name _____
Name while attending Troy University: _____
Social Security Number: _____
Currently enrolled? Yes No If no, last term enrolled: _____ Which campus? _____
Date of Birth: _____ Legal Signature: _____
Phone Number: _____
If you are currently enrolled, do you want us to hold for your current grades? Yes No
Have you graduated? Yes No Term: _____ Degree: M.S. B.S. AA

CURRENT MAILING ADDRESS

Street _____ City _____ State _____ Zip _____

Mail transcript to:

Enter the amount of transcripts that are to be sent to the above address:

Special Note: *If transcripts are to be sent to more than one address, use additional forms*

OFFICE OF UNIVERSITY RECORDS USE ONLY

Reason transcript not sent: Business Office hold _____ Temporary status _____ Other _____

If "other," please explain: _____

Date that explanation notice was sent: _____/_____/_____