

**Request Form for Official Transcripts**

**Regular Processing:** Transcripts are processed within 3-5 business days according to the date of receipt in our office. Fee is \$5.00 for a single copy. *TRANSCRIPTS MAILED DIRECTLY TO ISU CAMPUS OFFICES FOR ISU EDUCATIONAL PURPOSES ARE FREE OF CHARGE (Many programs accept unofficial transcripts you print via the MyISU portal). ONE TRANSCRIPT PER YEAR MAILED DIRECTLY TO A STATE OF IDAHO LICENSING BUREAU IS FREE OF CHARGE.*

**Rush Processing:** Transcripts are processed within 1 business day according to the date of receipt in our office. Fee is \$10.00 for a single copy and \$5.00 for additional copies, when ordered together. *IF A RUSH TRANSCRIPT IS TO BE PICKED UP, IT WILL BE AVAILABLE AFTER 1:00 P.M. THE NEXT BUSINESS DAY.*

**NOTE: THE ABOVE FEES ARE NON-REFUNDABLE.**

**\*\*\*PLEASE PROVIDE A COMPLETE ADDRESS AND/OR FAX NUMBER TO ENSURE ACCURATE DELIVERY\*\*\***

1. Mail or fax this *signed form* (MUST HAVE HAND WRITTEN SIGNATURE) to:  
**Office of the Registrar**  
**Attn: Transcript Desk**  
**921 S. 8<sup>th</sup> Ave, Stop 8196**  
**Pocatello, ID 83209-8196**  
**Or Fax to: (208) 282-4231 (You may follow up fax by sending hard copy request and fee to address above)**
2. Use a separate request form for each different address you are sending transcripts to.
3. Please make checks payable to: **ISU (The Office of the Registrar CANNOT accept credit cards. To pay by credit or debit when faxing in a request, please first fax this request form, then contact the ISU Cashier's Office at 208-282-2900 the next business day.)**
4. **Please Note:** Transcripts will not be sent until past-due financial obligations at Idaho State University have been met.

YOUR FULL NAME: \_\_\_\_\_ (MAIDEN/PREVIOUS): \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

YOUR DAYTIME TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ YOUR EMAIL ADDRESS: \_\_\_\_\_

BENGAL ID NUMBER: \_\_\_\_\_ or SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENTLY ENROLLED: Yes \_\_\_ No \_\_\_ FIRST SEMESTER? \_\_\_\_\_ DATES OF ATTENDANCE: \_\_\_\_\_

Number of COPIES ORDERED: \_\_\_\_\_ -OR- Number of COPIES ORDERED: \_\_\_\_\_

**MAIL TO:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

**FAX TO:**

COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

FAX # ( \_\_\_\_\_ ) \_\_\_\_\_

(Circle if applicable) **HOLD FOR:** Degree (semester?) \_\_\_\_\_ Fall grades \_\_\_\_\_ Spring Grades \_\_\_\_\_ Summer Grades \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

(Example: include attachment)

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(ALL REQUESTS MUST BEAR THE HAND WRITTEN SIGNATURE OF THE STUDENT. DO NOT PRINT.)

**FOR MORE INFORMATION, PLEASE CALL (208) 282-2919**