

Official Transcript Request Form

Messiah University | Office of the Registrar One University Avenue, Suite 3007

Mechanicsburg, PA 17055 Phone: 717.691.6074

Email: transcripts@messiah.edu

(Please type in the fields below)

STUDENT INFORMATION	
Current Full Name (printed):	Semester Last Attended:
Attended as Name:	Student ID Number or last four digits of SSN:
Current Address:	Date of Birth (Month/Year):
City:	Email Address:
State/Zip:	
Signature:	Date:
To comply with Federal regulations governing the privacy of educatio academic records. Penned signature required to process request.	nal records, Messiah University requires the penned signature of the student to release
TYPE OF TRANSCRIPT(S) REQUESTED (se	lect all that apply):
 Messiah University Undergraduate Studies Messiah University Graduate Studies Oregon Extension Daystar University IBI (International Business Institute) *MAIL OFFICIAL TRANSCRIPT(S) TO:	
Paper Transcript 1 Company/Name:	
Address Line 1:Address Line 2:	
Address Line 3:	
City/State/Zip:	City/State/Zip:
Paper Transcript 2 Company/Name: Address Line 1: Address Line 2:	week from the date the request is received

Mail signed request form to:

Messiah University Office of the Registrar One University Avenue, Suite 3007 Mechanicsburg, PA 17055

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Print, sign, scan and upload request form:

Please visit our website here for instructions to upload your request form.

SPECIAL PROCESSING REQUEST (OPTIONAL):

- Send transcript(s) after current semester grades are posted
- Send transcript(s) after degree is posted