



# Request for an Official IU Transcript

Please send this request to:  
Indiana University South Bend  
Office of the Registrar  
1700 Mishawaka Avenue PO Box 7111  
South Bend, IN 46634-7111  
Phone: (574) 520-4451

<b>FOR OFFICE USE ONLY:</b>
UID: .....
Date Processed: .....
REG: .....

### Student's Information: (Please Print Clearly)

**Current Legal Name:** \_\_\_\_\_  
First Name Middle Initial Last Name

**Former Name(s):** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street  
City State Zip Code

**Date of Birth:** ..... **E-Mail:** \_\_\_\_\_

**Home Phone:** ..... **Work Phone:** ..... **ID# or Last Four Digits of SS#:** \_\_\_\_\_

**Campus Attended:** ..... **Last Year Attended:** ..... **Graduation Date:** \_\_\_\_\_

**Student's Signature:** ..... **Date:** \_\_\_\_\_  
*Your official signature is required to complete this request.*

**Special instructions per the Student:** \_\_\_\_\_

**Total number of copies:** \_\_\_\_\_ / \_\_\_\_\_  
Paper PDF

**IU SOUTH BEND CANNOT FAX TRANSCRIPTS.**

#### Transcript should be:

- Mailed Immediately
- Picked Up
- Held for Current Semester Grades
- Held for Degree

#### Mail transcript to:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Check this box if you want to use the PDF (email) service. By checking this box, your transcript will be delivered as a secure PDF document. **Once delivered, the PDF is only available for 90 days.**

**Email transcript to:** Email: \_\_\_\_\_

Transcript requests for enrollment prior to Fall of 1965 are processed by the IU Bloomington Office of the Registrar.