

Purdue University Global Transcript Release Form
Students must submit all Purdue Global transcript requests in writing. Transcript requests will be processed within 7-10 business days. Please fill out the following information completely.

Student Information	•••••		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
NAME(S) WHILE ATTENDING SCHOO	L:		
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
HOME TELEPHONE:	EMAIL ADDRESS: _	EMAIL ADDRESS:	
LAST FOUR DIGITS OF SSN:	DATE (	DATE OF BIRTH:	
Transcript Request			
TRANSCRIPT TYPE REQUESTED:			
		ATES OF ATTENDANCE:	
UNOFFICIAL TRANSCORIET			
UNOFFICIAL TRANSCRIPT			
PLEASE RELEASE COPIES OF MY	UNOFFICIAL TRANSCRIPTS TO EA	CH OF THE ADDRESSES BELOW.	
[ ] MY CURRENT ADDRESS LIST	ED ABOVE		
[ ] ATTN:	ADDRESS:		
[ ] ATTN:	ADDRESS:		
OFFICIAL TRANSCRIPT Official transcripts are only released	if the student has met all financial obl	igations to the University.	
PLEASE RELEASE COPIES OF	MY OFFICIAL TRANSCRIPTS T	O EACH OF THE ADDRESSES BELOW.	
[ ] MY CURRENT ADDRESS LIST	ED ABOVE		
[ ] ATTN:	ADDRESS:		
[ ] ATTN:	ADDRESS:		
Authorization I hereby authorize the release of my acade Please send form and record(s) to: Regis	·	ty Global to the party(ies) named above.	
Student Signature (wet signature or Hello	Sign e-signature only):	Date:	