



OFFICIAL TRANSCRIPT REQUEST

REVISED 08/2014
MF/BP/BT

- ☛ This form is designed primarily for former Reed College students who **graduated prior to 1982**. It may be submitted in person, mailed, faxed, or scanned/captured as a digital image and attached to an email. If you attended Reed after 1982, we encourage you to order transcripts online at <https://iwantmytranscript.com/reed> instead. **Electronic delivery is NOT available for pre-1982 graduates.**
- ☛ Due to the **Federal Educational Rights and Privacy Act (FERPA)** of 1974, **your signature is REQUIRED** to release official transcripts.
- ☛ We **process orders within one business day** and **issue transcripts by 3:30 pm**, Monday through Friday. **Online orders received after 11 am and paper requests received after 1 pm are processed on the next business day.**
- ☛ Processing may be **delayed** due to **peak seasonal volumes, insufficient or inaccurate information, or financial holds.**
- ☛ **Your Reed College ID number (6 characters) is NOT your Social Security Number (9 digits).** If you do not remember your Reed ID number, please contact the registrar's office.

Transcripts cost \$5 per copy. Additional charges apply for express delivery; contact the registrar's office for information.

IDENTIFICATION (PLEASE PRINT ABOVE LINES)

Full name		Reed College ID number (not SSN)
Former name (if any)	Dates of attendance (approximate)	Date of birth (mm/dd/yyyy)
Email address		Phone number
Street address		
City, State/Province, Zip/Postal code		Country (if not US)

SPECIAL REQUEST(S)

Hold for recording of final grades

Hold for awarding of degree

Hold for clearance of incompletes

Attach: _____

Other: _____

Electronic transcripts are NOT available for those who graduated from Reed BEFORE 1982.

DELIVERY OPTION

Mail Fax Express delivery

Pick-up (self only) Electronic (post-1982 attendees only)

NUMBER OF COPIES: _____

Recipient

Street address OR Fax number OR Email address

Address line 2

Address line 3

City, State/Province

Zip/Postal code Country (if not US) Phone number

DELIVERY OPTION

Mail Fax Express delivery

Pick-up (self only) Electronic (post-1982 attendees only)

NUMBER OF COPIES: _____

Recipient

Street address OR Fax number OR Email address

Address line 2

Address line 3

City, State/Province

Zip/Postal code Country (if not US) Phone number

For more than two recipients, attach list of addresses on separate sheet(s).

SIGNATURE (REQUIRED) _____ **DATE** _____

OFFICE USE ONLY

Date issued _____ Processed by _____ Payment received _____ Payment total _____ Cleared by Business Office _____