



# OFFICIAL TRANSCRIPT REQUEST

REVISED 06/2017  
MP

- ☛ 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 instead request your transcript through our **online ordering system**, which may be accessed through the registrar's office website. **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** on this form to release official transcripts.
- ☛ We **normally process orders within one business day** and **issue print transcripts by 3:30 pm**, Monday through Friday. **Online requests for print transcripts and paper requests received after 1:00 pm are submitted for processing on the next business day.**
- ☛ Processing may be **delayed** due to **peak seasonal volumes, insufficient or inaccurate information, or financial holds.**

**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		Country (if not US)	
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 \_\_\_\_\_