



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 _____

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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 _____