



PACIFIC LUTHERAN UNIVERSITY

TRANSCRIPT REQUEST FORM
Administrator Pro Cert / Pro Cert / National Board / Continuing Education
Please Circle Your Program Above

- Official transcripts are \$5.00 each, unofficials are free - \$5.00 fee includes processing and mailing via US Domestic mail.
To send transcript(s) Federal Express for US Domestic is \$19.00 + \$5.00 per official transcript.
To send transcript(s) Federal Express for International is \$30.00 + \$5.00 per official transcript.
A written request including actual signature is required for all transcripts - requests can be faxed, mailed or sent via email.
Official transcripts can be picked up or mailed / unofficials transcripts can be picked up, faxed, mailed or emailed
Processing time for official transcripts can range from 1-5 days, depending upon peak periods - check the schedule for grade due dates
All information below must be filled out to process request.
If your account is on HOLD, or your payment is not enclosed, or this form is illegible, your request will be returned to you unprocessed.
Mail Request to: Pacific Lutheran University or fax to: 253.538.2545 Questions: 253.535.7133 or email: hodgeel@plu.edu

(PRINT LEGIBLY)
Student Name: _____ Student ID# or SSN#: _____
Former Name(s): _____ Date of Birth: ____/____/____
Last Date Attended: ____/____/____
Address: _____ Daytime Phone: _____
Email Address: _____
REQUIRED SIGNATURE: _____ Today's Date: ____/____/____
Number of Official Transcript(s) needed: _____ Number of Unofficial Transcript(s) needed: _____
Check all that apply:
[] Process transcript(s) immediately: [] Pick up [] Mail (fill in address below)
[] Process after grades are posted for: [] Summer [] Fall [] J-Term [] Spring
Course Title: _____ Course Request Number (CRN): _____
Mail to: _____ Mail to: _____
Use the back of this form for any additional mailing addresses

PAYMENT INFORMATION
Payment by cash, check, money order (made out to PLU) or VISA/MasterCard. (Do not mail cash.) Payment must be paid with your request.
Amount Enclosed: \$ _____ [] Cash (in person) [] Check [] Money Order
Credit Card Payment: [] VISA [] MasterCard [] Discover Payment Amount: \$ _____
Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____/____
Name exactly as it appears on your credit card: _____
Signature: _____ Today's Date: ____/____/____
OFFICE USE: [] HOLD [] NO HOLD _____ Initials [] Returned (Attached) ____/____/____