

Olivet College Record Request Form

Transcripts _____ \$5.00
(no charge for current students)

Olivet College Registrar's Office
320 S. Main Street
Olivet, MI 49076
Phone: (269) 749-7637 Fax: (269) 749-3821

TODAY'S DATE: _____

LAST NAME _____ FIRST _____ MIDDLE _____ MAIDEN _____
(Please Print)

HOME ADDRESS: _____
(Number and Street) (City) (State) (Zip)

PHONE NUMBER WHERE WE MAY REACH YOU WEEKDAYS: _____

COLLEGE PHONE # _____ SOC. SEC. # _____ BIRTHDATE: _____
(If on Campus)

MAIL TO: _____

Please note: we do not fax transcripts

Number of Copies: _____ Last date of enrollment at Olivet College: _____
(From) (To)

LEGAL SIGNATURE OF STUDENT _____ DATE _____

PAYMENT METHOD:

CREDIT CARD CHECK CASH

CREDIT CARD INFO:

MASTERCARD VISA

CARD # _____

EXPIRATION _____

3 OR 4 DIGIT SECURITY CODE _____

***Please complete this form and mail to the address above. Make all checks payable to Olivet College. If you fax your request, you must pay by credit card. Payment of \$5.00 per transcript must accompany your request. Transcripts will not be released for those who have failed to meet their financial obligations to the college.

Please check the appropriate item(s) below:

Send immediately _____
Hold until current semester is complete _____
Hold until degree is recorded _____

Check reason for request below:

Transfer _____ Employment _____
Grad Sch _____ Co-Op/Intern _____
Certification _____ Other _____

FOR USE BY THE REGISTRAR'S OFFICE

Release: _____
Hold: _____
Date mailed: _____
Processed by: _____