FERRIS STATE UNIVERSITY

OFFICE OF THE REGISTRAR – TRANSCRIPT REQUEST 1201 SOUTH STATE STREET, CSS 201 BIG RAPIDS MI 49307-2714 REGISTRAR@FERRIS.EDU

Graduation Transcript Request Form

Congrats Graduate! Now that your degree is earned, the first copy of your official transcript is **free** of charge.* If you earn multiple degrees from Ferris in the same semester, you are eligible for <u>one</u> free transcript.

This form **must** be submitted in order to receive your free transcript.

You may submit this form via email to registrar@ferris.edu, or via mail at the address listed above.

*If you have already received your free transcript, this request will not be processed. Transcripts will not be issued if your degree has not been awarded and/or if financial obligations to the University have not been met.

Date of Request:		Degree and Semester Earned:			
Student ID:	Da	Date of Birth:			
Student Name:					
Student Name: Current Last Name (Also Inclu		ther Last Names)	First	Middle Initial	
PLACE AN "X" I	N THE APPRO	PRIATE BOX TO	SELECT TYPI	E OF SERVICE	
PICK-U	J <u>P</u>	MAIL	IMMEDIATE	<u>SERVICE</u>	
PLEASE AL APPROX BUSINESS DA PROCESSI	1-2 YS FOR BU	PLEASE ALLOW APPROX 5 USINESS DAYS FOR PROCESSING	\$5.00 FOR IM SERVI (CHARGED FOR MADE IN PERS	CE REQUESTS	
Send Transcript to:					
Name:					
Address:					
City, State, Zip:					
Student Signature and Address transmitted electronically) for					
Student's Signature:					
Address:					
City, State, Zip:					
Email or Phone Number:					