

**OFFICE OF THE REGISTRAR
LIVINGSTONE COLLEGE
701 W. Monroe Street
Salisbury, North Carolina 28144**

TRANSCRIPT REQUEST FORM

Please adhere to the following Transcript Request Policies:

1. All financial obligations to Livingstone College must be met before transcripts are released/mailed.
2. Cost: Official transcript - \$10. Unofficial transcript: - \$10.00.
3. Transcript requests are processed on a first come, first serve basis. Mail release to address above or fax to **704 216-6284**.
4. Please allow 1-3 business days for processing; 3-4 business days during peak periods and remote operations.
(Peak periods are August 8-September 18; December 5-15; January 3-31; April 8-May 1-15)
5. Students of the Graduate School must request transcript from *Hood Theological Seminary- Office of the Registrar*.
6. A picture ID is required when picking up a transcript.
7. All transcript requests must be in writing with signature of student – no email or telephone requests.

Please print all that apply:

NAME:	DOB: / /
ID# (if applicable):	SSN (last four digits):
ADDRESS:	
CITY:	STATE: ZIP CODE:
TELEPHONE:	ALTERNATE NUMBER:
EMAIL ADDRESS:	

Please list other names used (if applicable):

NAME:

Currently enrolled: ___ Yes ___ No	Please send after posting:	Deadline date:
Dates of Attendance:	___ Fall Final grades	___ Will pick up
Graduation Year:	___ Spring Final grades	___ Send now
	___ Summer Final grades	___ Hold for Degree Notation

Method of Payment

<input type="radio"/> Credit Card (please complete Credit Card Authorization Form)	Type Transcript Needed/Number of Copy/ies:	Receipt #:
<input type="radio"/> Money Order	<input type="radio"/> Official () copy/ies	Amount of Payment:
<input type="radio"/> Personal Check	<input type="radio"/> Unofficial () copy/ies	

Release/Mail Official Transcript to:

Release/Mail Official Transcript to:

Name/Organization:	Name/Organization:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Number of copies to this address:	Number of copies to this address:

I authorize Livingstone College to release this information (transcript). I certify this is my true signature.

_____ Date: _____

FOR OFFICE USE ONLY

Date Request Received:	Processed by:
Date Payment/Receipt Received:	Date Mailed/Picked Up: