

Earlham College

Transcript Request Form

Name:

ID#:

Legal Name When Enrolled at Earlham College:

Mailing Address:

Phone #:

E-mail

Date of Birth: (01/01/2011)

Which program did you attend:

Undergraduate

MAT

M.Ed.

Explore a College

Final Year Attended:

Are you considering transferring?

Yes

No

Hold for Final Grades?

Yes

No

Number of Transcripts Requested:

PDF Requested:

Yes

No

E-mail Address it needs to be sent to:

Forwarding Address for Hard Copies: (Name of College, Office, Street Address, Etc)

Forwarding Address for Hard Copies: (Name of College, Office, Street Address, Etc)

Signature:

Payment Method:

Cash/Check

Charge Account (For Current Students Only)

Online Payment

Please Note:

*This request will not be honored without the requested information payment and signature.

*Email this request form to registrar@earlham.edu. or print this form and mail it to:

*Earlham College, Registrar's Office, Drawer 34, 801 National Road West, Richmond, IN 47374