

Linfield College

Office of the Registrar
900 SE Baker Unit A446
McMinnville OR 97128-6894

Official Transcript Request

Phone: 503-883-2211 *** Fax 503-883-2663

Student Identification

Attendance Dates: _____

Home Phone Number

Cell Number

Date of Birth

Maiden/Former Name(s)

Business Phone Number

Student ID Number

Email Address: ___ Home ___ Business

Best Daytime Phone Number

Student's **full name** at the time of Enrollment and **address** below (PLEASE PRINT)

- Send ASAP, Please
- Send after Recording Degree
- Send after Current Grades Recorded

TOTAL TRANSCRIPTS THIS ORDER:

- Official copies to self: _____
- Official copies to other: _____
- Unofficial copies to self: _____
- Unofficial copies to other: _____

Student's signature (REQUIRED)

Date

Transcripts **WILL NOT** be released to anyone with **UNPAID** financial obligations.

Mail transcripts to:

Office Use Only:

ECSI: _____
 SA: _____
 CB: _____
 PERC: _____
 ARAC: _____
 Amount Paid: _____
 Approval: _____
 Reg. Date Sent: _____
 Reg Clerk (s): _____

Fee per order: \$5.00 - **FIRST** official
\$2.00 - **Each** domestic fax (*unofficial*)

\$1.00 - **Each** additional official on the same order
\$3.00 - **Each** international fax (*unofficial*)

I authorize payment to Linfield College for transcripts requested on my:

- VISA MASTERCARD CASH CHECK NO. _____

Card Member Name: _____

This Order's Amount Total: _____

Credit Card Number: _____

Card Holder's Signature

Expiration Date: _____