



COLUMBIA SOUTHERN UNIVERSITY

Transcript Request Service Payment Form

CSU will request official transcripts from the public high schools, colleges and universities you previously attended. Graduation Equivalency Diploma (GED) official score reports/transcripts can also be requested. Please complete this form, sign and fax along with completed Request for Official Transcript form **and a copy of photo id** to 251.224.0540, email to transcripts@columbiasouthern.edu, or mail to the address listed below.

Please Note: Some institutions may require the student to obtain transcripts directly. If this is the case, we will notify you via the email you provided below. **CSU cannot order copies of: Military Transcripts, CLEP Scores, or International Transcripts. **Your signature on this form is required to process this request regardless of the need for payment.**

Student Information				
Name:	First:	MI:	Last:	
Address Line 1:				
	City:	State:	Zip:	
Email:				
Day Phone:				
Institutions Attended				
Please list the name of the institution of transcripts to be ordered by CSU in the space below.				
Institution Name (Please do not abbreviate)	High School Requirement (if requested)	City and State	Dates of Attendance	Requested
	<input type="checkbox"/>			<input type="checkbox"/> CSU
	<input type="checkbox"/>			<input type="checkbox"/> CSU
	<input type="checkbox"/>			<input type="checkbox"/> CSU
	<input type="checkbox"/>			<input type="checkbox"/> CSU
	<input type="checkbox"/>			<input type="checkbox"/> CSU
Total Due From Student (\$10 for one transcript and \$20 for two or more)				\$0.00
Payment Information				
1. The fee is \$10 for one transcript and \$20 for two or more transcripts that CSU requests for the prospective student. 2. If using credit card, billing address must be submitted below in order to process payment.				
Payment Method:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order			
Card Number:		Exp. Date:		
Name on card:				
Billing address:				
	City:	State:	Zip:	
Student's Signature: (required)			Date:	

Revised 11/29/11

Fax or Mail this form along with the signed Request for Official Transcript Form

Request for Official Transcript

Records Office:

Please mail one official transcript
along with a copy of this form to:

Columbia Southern University
Attn: Transcript Records Office
P.O. Box 3110
Orange Beach, AL 36561-3110

Student Information

Name	First:	MI:	Last:
Previous Name(s)			
Address Line 1			
Address Line 2			
	City:	State:	Zip:
Social Security # *		Birth Date:	
E-Mail		Day Phone:	

* Social Security Number is required to assist institution in locating the proper student's transcript.

Transcript Release Authorization

By signing this form, I am authorizing you to send my official transcript to Columbia Southern University. I am also authorizing Columbia Southern to mail/fax this Transcript Request Form to you and pay the transcript fee on my behalf.

Student's Signature: (required)		Date:	
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Revised 11/29/11

Please contact the Transcript Records Office at CSU if you are unable to process this request.

Columbia Southern University
251.981.3771 or 800.977.8449, extension 6521
Email: transcripts@columbiasouthern.edu