

# Transcript Request Form

800.977.8449 | 251.981.3771 | FAX: 251.224.0575

CSU must have an original signature to process this request. Students should print the form, complete, sign and return by email to [Registrar@columbiasouthern.edu](mailto:Registrar@columbiasouthern.edu). Official transcripts must be on file for any transferred courses or they will not be included on the official transcript issued by CSU. The transcript will be sent as a sealed Official Transcript to the institution or person indicated on this form.

Due to increased requests, the processing time for this request may be 7 - 10 business days.

| SECTION A. STUDENT INFORMATION                                                                                                                                                                                                                                                   |      |  |              |           |  |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--------------|-----------|--|--------------|--|
| Legal Name                                                                                                                                                                                                                                                                       |      |  | Student ID#  |           |  | SSN (last 4) |  |
| Email                                                                                                                                                                                                                                                                            |      |  | Phone Number |           |  | Birth Date   |  |
| SECTION B: Payment Information                                                                                                                                                                                                                                                   |      |  |              |           |  |              |  |
| <b>1. Financial obligations to Columbia Southern University must be cleared before transcript will be released</b><br><b>2. The fee is \$15.00 for each transcript issued</b><br><b>3. If using a credit card, billing address must be submitted in order to process payment</b> |      |  |              |           |  |              |  |
| Payment Method                                                                                                                                                                                                                                                                   |      |  |              |           |  |              |  |
| Card Number                                                                                                                                                                                                                                                                      |      |  |              | Exp. Date |  |              |  |
| Name on Card                                                                                                                                                                                                                                                                     |      |  |              |           |  |              |  |
| Billing Address                                                                                                                                                                                                                                                                  |      |  |              |           |  |              |  |
|                                                                                                                                                                                                                                                                                  | City |  |              | State     |  | Zip          |  |
| SECTION C: Mail transcript to name and address below                                                                                                                                                                                                                             |      |  |              |           |  |              |  |
| <b>If transcripts are being sent to more than one address, please list names and addresses of recipients on a separate sheet and attach to this form</b>                                                                                                                         |      |  |              |           |  |              |  |
| Institution/Name                                                                                                                                                                                                                                                                 |      |  |              |           |  |              |  |
| Address Line 1                                                                                                                                                                                                                                                                   |      |  |              |           |  |              |  |
| Address Line 2                                                                                                                                                                                                                                                                   |      |  |              |           |  |              |  |
|                                                                                                                                                                                                                                                                                  | City |  |              | State     |  | Zip          |  |
| Section D: Special Notes                                                                                                                                                                                                                                                         |      |  |              |           |  |              |  |
|                                                                                                                                                                                                                                                                                  |      |  |              |           |  |              |  |
| Student's Signature                                                                                                                                                                                                                                                              |      |  |              | Date      |  |              |  |