Transcript Request Form

Office of the Registrar
Teacher Education University
1079 West Morse Blvd., Suite B, Winter Park, FL 32789
Phone: 800-523-1578, Fax: 800-370-2600
registrar@TEU.edu

Student Social Security Number

Name: _____
Last First MI Maiden/Previous

E-mail: _____ Phone: _____

Please mail to:
(Indicate number of copies to be mailed to each address in the box to the left)

Additional addresses may be listed on the back of this form if necessary. Please print.

Delivery: _____ Hold until Current Grades are posted _____ Hold until Degree is posted

_____ Hold until grade change is completed _____ Hold until name change is completed _____ Send Immediately

____Rush (Rush requests are sent 2 day priority. Please add $2 for rush delivery. Overnight delivery is $15.)

Total Charges: $5 per copy x: _____ $_____ (total) Rush delivery x: _____ $ _____ (total)

☐ MasterCard ☐ Amex ☐ Check
☐ Visa ☐ Discover

Card Number: _____ Expiration: _____ CV: _____ Check #_____
(Original check must be included)

Signature: _____ Date: _____
Request will not be processed without student's signature

Important information:
The University will NOT provide an official transcript to any student or alumnus who has not met his/her financial responsibility to the University.
Please allow 7-14 business days to process your request.
A $5.00 fee is required per transcript. Payment must be submitted at time of request.
Official transcripts will not be e-mailed or faxed to the recipient. Please allow up to 7 business days for standard delivery via U.S. Mail.
You will be charged once the order is processed.
The Family Educational Rights and Privacy Act of 1974 prohibits the release of student information without the student's written consent.

OFFICE USE ONLY: RECEIVED: _____ SENT: _____