

MILLSAPS COLLEGE

Wood College Transcript Request

Office of Records
P. O. Box 150436
Jackson, MS 39210-0001
Phone: (601) 974-1121
Fax: (601) 974-1114

DATE _____

Please print full name _____.

This transcript is being sent under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380). Information contained on this transcript cannot be transferred to a third party without the written authorization of the student concerned.

PLEASE MAIL TO:

The transcript is not official unless it bears the seal of the College. Inquiries about this record may be addressed to the registrar at Millsaps College.

Transcripts are \$10.00 per copy for the first two copies. Additional copies ordered on the same day are \$2.00 per copy. Transcripts are not released unless all accounts are clear with the college, and are released only at the written request of the student, as required by law.

Please provide the information requested below:

Type of transcript requested: Undergraduate Graduate Both

Please provide: Official Copy Student Copy

Please process: Add grades for most recent () Fall () Spring () 1st Summer () 2nd Summer
 Immediately Hold for _____
 Hold for degree notation

Please: Mail Hold for pickup (available 24 to 36 hours later)

Number of copies:

PROPER IDENTIFICATION INFORMATION REQUIRED

Social Security # _____ Date of Birth _____ Home Phone _____

Work Phone _____

Full name on Millsaps record _____ Cellular Phone _____

Currently enrolled: Yes No If no, give last semester attended at Millsaps? _____

Graduated: Yes No

SIGNATURE _____

RECORDS OFFICE USE ONLY

\$ _____ received with request - TIME - _____

\$ _____ amount due for this request

\$ _____ amount to be charged to student account

Date Mailed by _____

Date Picked up _____

BUSINESS OFFICE USE ONLY

_____ Transcript Hold

_____ Approved in Bus Off _____
date / initials

_____ Approved LOAN-Bus Off _____

_____ Batch # _____
date / initials

JP-3/02