



OFFICE OF THE REGISTRAR
 International Institute for Restorative Practices
 PO Box 229
 Bethlehem, PA 18016
 Phone 610-807-9745 Fax 610-807-0423

Transcript Request Form

- In order to issue a transcript that reflects graduate credits earned at the IIRP graduate school, the IIRP must have an official academic transcript from the college or university that granted your baccalaureate degree.
- This form is to be printed and either faxed or mailed to the IIRP graduate school office, to the attention of the Registrar.
- The charge for each transcript order is \$5 per transcript copy.
- All financial obligations must be cleared before a transcript request will be honored.
- Transcript requests are processed as quickly as possible.

NAME _____

PREVIOUS/MAIDEN NAME, IF APPLICABLE _____

STUDENT ID _____ SOCIAL SECURITY # _____

EMAIL ADDRESS _____ DAY PHONE _____

HOME ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

ARE YOU CURRENTLY ENROLLED? YES NO LAST DATE OF ATTENDANCE _____

Check here to indicate that your official transcript from the college or university that granted your baccalaureate degree has been requested and will be mailed to the IIRP Graduate School.

Your signature below authorizes, under the Family Educational Rights and Privacy Act of 1974, IIRP Graduate School to release your transcript to addressee below.

 Signature

 Date

PLEASE MAIL _____ COPY(IES) OF TRANSCRIPT TO:

PAYMENT METHOD

<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> MONEY ORDER
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
NAME ON CARD	
CARD NUMBER	EXP. DATE
CCV (3 digit security code)	

RECORDS OFFICE USE ONLY

DATE REQUEST RECEIVED
AMOUNT PAID
DATE TRANSCRIPT MAILED
INITIALS OF SENDER