PURDUE UNIVERSITY
ACADEMIC TRANSCRIPT REQUEST

Transcripts are provided at no charge as a service to Purdue’s current and former students and alumni

REQUEST OPTIONS

E-Mail
Scan and send this completed form to: transcripts@purdue.edu

Fax
Fax this completed form to: (765) 494-0570

Mail
Mail this completed form to:
Purdue University
Office of the Registrar
610 Purdue Mall
West Lafayette, IN 47907-2040

IN ORDER TO LOCATE YOUR STUDENT RECORD, PROVIDE THE FOLLOWING INFORMATION:
(Required information indicated in bold-face)

Name: ___________________________ PUID/Student ID#: __________________
Last First Middle
Maiden or Other Name Where Records May Be Found
Date of Birth: ________________

Current Address:
Street
City State Country Zip/Postal Code

Daytime Phone No. ________________ E-mail Address: __________________________

Approximate Date of Last Attendance at Purdue: ________________________________

Written Signature: ___________________________ Date: ________________________

RECIPIENT INFORMATION

Check one of the following: ______ Issue Transcript(s) Now
_______ Hold for Current Semester Grades
_______ Hold for Current Degree Posting

Check one of the following delivery methods:

_______ E-mail (Only available if Date of Last Attendance at Purdue is after 1968)
Recipient Name: __________________________
E-mail Address: ____________________________

_______ Mail
Recipient Name: __________________________
Address: ________________________________

Number of Transcripts Requested: ____________________________
(Limit 10 per day/50 per semester)

SPECIAL HANDLING INSTRUCTIONS. DO NOT RECORD CREDIT CARD INFORMATION ON THIS FORM:

_______ Include Attachment (Attach attachment to this form)
_______ Insert Each Transcript in an Individual Sealed Envelope
_______ Other (Describe Other Handling Instructions Here) __________________________

QUESTIONS? CALL (765) 494-6165

REGISTRAR FORM 501 – Revised 04/2013