

GRADUATE SCHOOL Request for Official Transcript

(Please print or type.)

TO THE APPLICANT: This form is for your convenience in requesting official transcripts of your record(s) from colleges and universities (including Purdue University) that you have attended (or are attending). You should request the registrar(s) of the institution(s) to send the transcript(s) directly to the department to which you seek admission. If your transcripts are under a different name, please so indicate.

TO THE REGISTRAR of I am applying for admission to the Graduate School at Purdue University.					
record to: Graduate Studies Offi	ce,	Department	Purdue University (Include name of ca	ampus if other than West Lafayette.	
	City		State	Zip Code	
Last Year Attended or Graduatio	n Date				
Full Legal Name (When last enrolled) Last		First		Middle	
Student Identification Number					
Current Mailing Address	Number and Street				
	City	State	Zip Code	Country	
Applicant's Signature			Date		

TO THE REGISTRAR: The requested transcript will become a part of the applicant's official academic file. Only those persons with a legitimate educational purpose are granted access to student files. Purdue University maintains a record of individuals who inspect or review student files. Any exception to this policy requires the written permission of the applicant.

PLEASE ATTACH THIS FORM TO THE TRANSCRIPT AND MAIL TO THE GRADUATE STUDIES OFFICE OF THE DEPARTMENT NAMED ABOVE.