



**Transcript by Mail** *A signed authorization from the student must accompany this form for all 3rd party requests.*

**Student Information**

Full Name: \_\_\_\_\_  
*Last First Middle*

Current Address: \_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*Street Address #2*

\_\_\_\_\_  
*City State/Province/Region ZIP/Postal Code*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ University ID (if known): \_\_\_\_\_  
Est. Dates of Enrollment \_\_\_\_\_ Completed IU Degree(s): \_\_\_\_\_

If you have recently completed an ACP, online, or correspondence course, please enter the Department and Course Number(s):

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