



**Please send this request to:**  
**Indiana University South Bend**  
**Office of the Registrar**

1700 Mishawaka Avenue • Post Office Box 7111  
 South Bend • Indiana • 46634-7111  
 Phone: (574) 520-4451 • Fax: (574) 520-4868  
 E-mail: [regofc@iusb.edu](mailto:regofc@iusb.edu)

**FOR OFFICE USE ONLY:**

SI: \_\_\_\_\_

UID: \_\_\_\_\_

BURSAR: \_\_\_\_\_

**Request for an Official Indiana University South Bend Transcript**

*Note: Any student whose university account is encumbered at the time of processing will not be issued a transcript. Should our office encounter any processing problems, your request and payment will be returned.*

Date of Request: \_\_\_\_\_ Number of copies: \_\_\_\_\_ ID# or Last Four Digits of SS#: \_\_\_\_\_

Directions: ( ) Send Immediately ( ) Pick Up ( ) Hold for Current Semester Grades ( ) Hold for Degree

**Student's Information: (Please Print Clearly)**

Current Legal Name: \_\_\_\_\_  
 First Name Middle Initial Last Name

Former Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Street  
 City State Zip Code

Date of Birth: \_\_\_\_ - \_\_\_\_ - 19\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Campus Attended: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Mail To:** *(IU SOUTH BEND CANNOT FAX OR EMAIL TRANSCRIPTS)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Signature: \_\_\_\_\_  
*Your official signature is required to complete this request.*

**Special instructions via the Student:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Cost of Transcripts: \$8.50 per copy – Payment must accompany transcript request. Transcript requests for enrollment prior to Fall of 1965 are processed by the IU Bloomington Office of the Registrar <http://registrar.indiana.edu>.**

**Please Select Method of Payment:** ( ) Check or Money Order (Payable to Indiana University) ( ) Cash  
 ( ) Credit or Debit Card ( ) Visa ( ) MasterCard ( ) Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_