

## Transcript Request Form

If a student's financial obligation is not fulfilled, the institute is authorized to do the following until the owed monies are paid: Withhold the release of the student's academic records or any information based upon the records, withhold the issue of the student's transcripts. Should you have any questions, please contact the Registrar's Office.

9931 Willows Road NE  
Redmond, WA 98052  
Phone (425) 558-0299  
Toll-Free (866) 478-5236  
FAX (425) 558-0378

[www.digipen.edu](http://www.digipen.edu)

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Student Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Former Names: \_\_\_\_\_ Last Date of Attendance : \_\_\_\_\_

(Please write "currently enrolled" if still attending DigiPen)

Student Signature: \_\_\_\_\_

Cost of requested transcripts (FREE FOR CURRENT STUDENTS):

- \$3.00 for each unofficial transcript
- \$5.00 for each official transcript
- Scanned copies are not considered official transcripts. If you would still like to request a copy to be sent to your e-mail, provide the information below.

Number of **UNOFFICIAL** transcripts needed

Number of **OFFICIAL** transcripts needed

Purpose of the transcript request: \_\_\_\_\_

Please check one: ☐ Pick up at Main Campus

☐ Mail to (Please print clearly): \_\_\_\_\_  
\_\_\_\_\_

### CREDIT CARD AUTHORIZATION

☐ Visa ☐ MasterCard

Card ID Number:

Card Number

Expiration Date:  \  Total amount to be Charged: \$ \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

### OPTIONS

☐ Prepare Now

☐ Prepare  
after current  
semester's  
grades are  
released

Prepare  
after degree  
completion