

# Plymouth State UNIVERSITY

## Office of the University Registrar

### OFFICIAL TRANSCRIPT REQUEST

Please allow 10 business days for delivery

**PLEASE PRINT**

17 High St, MSC #7  
Plymouth, NH 03264  
Phone: (603) 535-2345  
Fax (603) 535-2724  
email - psu-registrar@plymouth.edu

DATE: \_\_\_\_\_

LAST NAME FIRST MIDDLE

STREET ADDRESS PSU HUB SUITE BOX

CITY OR TOWN STATE ZIP

PREVIOUS NAME(S): BIRTHDATE (MM/DD/YY)

From: \_\_\_\_\_ To: \_\_\_\_\_  
PSU STUDENT ID NUMBER (Or SSN) E-MAIL ADDRESS DATES OF ATTENDANCE

DEGREE AWARDED

#### Method of Delivery:

Pick Up

Mail

#### Other Instructions:

Hold for final grades

Hold for graduation statement

*(May not be requested earlier than one month  
before end of semester)*

TOTAL NUMBER OF COPIES

**MAIL TO:** Additional addresses may be written on back.  
NO TRANSCRIPT WILL BE FURNISHED IF FINANCIAL  
OBLIGATIONS TO THE UNIVERSITY HAVE NOT BEEN SATISFIED


**NOTE:** Please go to our website for a complete listing of transcript rules and regulations at:

[www.plymouth.edu/registrar](http://www.plymouth.edu/registrar)

- All requests must be signed by the student.
- Transcripts may be picked-up or mailed only.  
(Under NO circumstances can a transcript be faxed)

 **STUDENT SIGNATURE:** \_\_\_\_\_  
(MANDATORY FOR RELEASE OF TRANSCRIPTS)