

UNIVERSITY of  
INDIANAPOLIS.  
*School for Adult Learning*

Telephone No: (317) 788 3393

Fax No: (317) 788 6140

**TRANSCRIPT REQUEST FORM**

To the applicant: Please complete the transcript request section of this form, and take or send it to your high school(s) as well as any colleges or universities you have attended (some colleges may require submission of a release fee). You may duplicate this form as needed.

To: \_\_\_\_\_  
Name of High School, College or University

**Please send an official copy of my transcript directly to the University of Indianapolis at the address listed at the bottom of this page.**

My name: \_\_\_\_\_ (Maiden): \_\_\_\_\_  
(Last) (First) (M.I.)

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

City/State/Zip: \_\_\_\_\_

Date of Graduation / Last attendance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
(optional)

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

Mail to:  
University of Indianapolis  
School for Adult Learning  
Esch Hall Room 103  
Indianapolis, IN 46227-3697