



Transcript Request 453.11

Instructions: This form is to be used by students who wish to request a Criswell College transcript. Please print, sign, and return completed form to the Business Office. If mailing, please send to the following address:

Criswell College
ATTN: Business Office
4010 Gaston Ave.
Dallas, TX 75246

Fax: 214.370.0497

Official Transcript Fee: \$7.00 (NO CHECKS OR ONLINE/ELECTRONIC CHECKS)
Accepted: MasterCard, Visa, Discover, Certified cashier's check

Please Print Clearly

Full Name: _____ Email Address: _____
Maiden/Other Name: _____ Street Address: _____
Contact Phone #: _____ City, State, Zip: _____
Student ID or Last 4 digits of SSN: _____ This is a new address.

Required Information:

Currently Enrolled: Yes No

Dates Attended: _____ Degree(s) Earned: _____

Check All that Apply:

- I will pick up transcript. (Transcript must be addressed to student. Student must pick up within 30 days. Photo identification is required upon pick up.)
- Mail transcript to address provided.
- Hold transcript until my degree is posted.
- Hold transcript until my current semester grades are posted.

I hereby authorize Criswell College to release my transcripts to the individual/institution specified below.

Student Signature (required): _____ **Date:** _____
An original signature is required to process request

Release/Mail to (Print name, title and address of the person or institution that will receive this transcript.):

Name of Institution or Individual Office or Title (if applicable)

Street Address City State ZIP

Payment Information:

Credit Card #: _____ Exp. Date: _____ Security Code: _____ Billing Zip Code: _____

Please check if payment was made on Criswell website (<http://www.criswell.edu/current-students-2/student-accounts/pay-online/>) and email form to registrar@criswell.edu.

OFFICE USE ONLY

Entered by: _____ Amount Paid: \$ _____ Cash: _____ Debit/Credit: _____ M.O.: _____ Mailed Date: _____ Picked Up: _____