

PERMISSION FOR COLUMBIA SOUTHERN UNIVERSITY (CSU) TO REQUEST TRANSCRIPTS/EDUCATION RECORDS

CSU will request official transcripts from institutions you previously attended. Please fill out the fields below and on page 2 of this document. Please be sure to list all previously attended institutions including location and dates of attendance (approximate years).

Please **submit both pages** of the Transcript Request Service forms, along with a color-copy photo ID (no military IDs), to **trs@columbiasouthern.edu**, fax to 251.224.0540, or mail to: P.O. Box 3110, Orange Beach, AL 36561-3110.

IMPORTANT

- CSU will notify you via the email you provide below if we are unable to obtain transcripts.
- CSU cannot order either copies or officials of: CLEP scores, international transcripts, professional training and CEUs or transcripts from an institution at which there is a hold.
- Students using either Federal Student Aid (FSA) or Veterans Affairs (VA) Benefits are required to list all previously attended post-secondary institutions.

NAME: (First) _____ (Middle) _____ (Last) _____

E-MAIL: _____ DATE OF BIRTH: ____ | ____ | ____

HIGH SCHOOL/GED INFORMATION *(Please type or print legibly)*

SELECT ONE: High School GED DATES ATTENDED: _____ TO: _____

NAME OF HIGH SCHOOL/TESTING CENTER: _____

CITY: _____ STATE: _____ DATE EARNED DIPLOMA/GED: _____

MILITARY INFORMATION *(Please type or print legibly)*

SELECT MILITARY BRANCH IF APPLICABLE: Air Force Army Coast Guard Marine Navy

REQUEST MILITARY TRANSCRIPT Yes No

INSTITUTIONAL INFORMATION *(Please type or print legibly)*

SCHOOL NAME: _____ ONLINE: Yes No

1 CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____

SCHOOL NAME: _____ ONLINE: Yes No

2 CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____

SCHOOL NAME: _____ ONLINE: Yes No

3 CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____

SCHOOL NAME: _____ ONLINE: Yes No

4 CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____

REQUEST FOR OFFICIAL TRANSCRIPT

RECORDS OFFICE: Please mail one official transcript along with a copy of this form to:

**Columbia Southern University
Attn: Office of the Registrar
P.O. Box 3110
Orange Beach, AL 36561-3110**

eScripts can be emailed to
registrar@columbiasouthern.edu

ADDITIONAL INFORMATION

FOR INTERNAL USE ONLY

STUDENT INFORMATION

NAME: (First) _____ (Middle) _____ (Last) _____

NAME WHILE ATTENDING SCHOOLS: _____

HOME PHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER*: _____ DATE OF BIRTH: ____ | ____ | ____

**Social Security Number is required to assist institution in locating the proper student transcript.*

TRANSCRIPT RELEASE AUTHORIZATION

By signing this form, I am authorizing you to send my official transcript to Columbia Southern University. I am also authorizing Columbia Southern University to mail/fax this Transcript Request Form to you, and to pay the transcript fee on my behalf.

STUDENT'S SIGNATURE (e-signature not accepted): _____ DATE: ____ | ____ | ____

CONFIDENTIAL

The information in this document is protected by the rules and regulations of the Family Educational Rights and Privacy Act (FERPA). Please allow only authorized personnel of your institution to view and process this information.