



**Transcript Request Form**  
 Office of the Registrar  
 5400 Ramsey Street, Fayetteville NC 28311  
 Fax: (910) 630-7410  
 Faxes reviewed 8:30-5:00 pm EST Mon-Fri  
 Email: registrar@methodist.edu

**Important Notes:**

1. Fax or email completed form to (910) 630-7410 or registrar@methodist.edu
2. Please use a separate form for each mailing address
3. Cost \$5 per official transcript
4. Estimated processing time 5-7 business days all approvals pending

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Former Surname(s) \_\_\_\_\_

*Person's Name and Last Four Digits of Card Paying for Transcript (if different from above)*

\_\_\_\_\_

SSN or SID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (required) \_\_\_\_\_

**Send Transcript to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office for Student Accounts Use Only**

Number of copies requested: \_\_\_\_\_

Approved  Receipt number \_\_\_\_\_

Denied