

Transcript Request Form

Today's Date: _____

Soc. Sec. # or ID # _____ Birth Date: _____

Name: _____
Last Name First Name MI Maiden Name

Address: _____
Street Address

City State Zip Code

Name in which you last attended: _____

Dates of Attendance: From: _____ To: _____

Please check one:
 I want to PICK UP my transcript(s) I want my transcript(s) mailed

Mail To: _____

Address: _____
Street Address

City State Zip Code

Coppin State University
Office of Records & Registration
2500 West North Avenue
Baltimore, MD 21216

Record Requested: (check one)
 Undergraduate Number of Copies _____
 Graduate Number of Copies _____
No more than 2 transcripts per week

Type of Transcript: (check one)
 Official Hold for Grades

Did you graduate from Coppin? Yes No

Student's Signature

OFFICE USE ONLY	
Received By: _____	Date _____
Processed By: _____	Date Mailed: _____
Original -Records Pink-Company Yellow-Student	