



General Information

First Name: _____ Last Name: _____ MI: _____

Maiden Name: _____ SSN/College ID: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please list your degree program and the date you graduated. If you have not yet earned a degree, please list the dates during which you attended Verity College Education.

Degree Program: _____

Date Graduated: _____ or Dates of Attendance: _____

Please check one:

- Please send my transcript(s) without waiting for any additional coursework to be posted*.
- Please send my transcript(s) after my current TESC term's grades/credits are communicated to Verity*.
- Please send me a student copy.

Please send _____ transcript(s) to:

I need _____ transcript(s) that I will hand carry, addressed to:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Zip Code: _____ Country: _____

Please use another page to provide address for additional transcript requests.

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***Verity transcripts are available to provide you with an overview of the credits you have earned as an enrolled student. Verity transcripts are not official and will not be recognized by accredited institutions.**

Transcripts are typically mailed within five business days of the receipt of your transcript request. Every effort is made to meet specified deadlines.

Note: Transcripts will not be furnished to students or alumni with outstanding financial obligations to Verity Institute unless otherwise arranged with the office of finance.

STUDENT SIGNATURE (REQUIRED)

DATE

Please return this form to:

**Attn: Registrar
Verity College Education
11850 Brookville Rd.
Indianapolis, IN 46239**

TRANSCRIPT FEE INFORMATION

The transcript fee is **\$10 per transcript**, including student copies. Please make checks payable to **Verity College Education**. If you are paying by credit card, you may email this form to the Office of the Registrar at registrar@aboutverity.org.

Number of Transcript Copies: _____ x \$10 = Total Amount Due: \$ _____

Please return this form with total amount due to:

**Attn: Registrar
Verity College Education
11850 Brookville Rd.
Indianapolis, IN 46239**

Check Money Order American Express VISA MasterCard Discover

Card Number: _____ / _____ / _____ / _____ Expiration Date: _____