



Return to:

Pittsburgh Institute of Mortuary Science
Office of the Registrar
5808 Baum Boulevard
Pittsburgh, PA 15206

Phone: 412-362-8500
Fax: 412-362-1684
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TRANSCRIPT REQUEST FORM

- All transcript requests must be accompanied by a \$5.00 fee/ transcript in U.S. funds before processing.
- Payment is accepted in the form of checks, Master Card, Visa, or Discover.Card.
- PIMS is not responsible for incomplete or incorrect addresses.
- PIMS does not FAX or email transcripts.

STUDENT INFORMATION

Last Name: _____ First Name _____ Middle Initial _____

Former Name (if applicable) _____ Date of Birth ____/____/____

Current Mailing Address: _____

City: _____ State: _____ Zip Code _____ Email _____

Telephone: () _____ - _____ Dates of Attendance _____

Social Security Number (last 4 digits): _____

TRANSCRIPT ORDER INFORMATION

Recipient Name: _____

Recipient Address 1: _____

Recipient Address 2: _____

Recipient City: _____

Recipient State: _____ Recipient Zipcode _____

Special Instructions:



STUDENT SIGNATURE: _____ **DATE:** _____

(FERPA requires that the student sign and date this request.)

The student's signature on the above line constitutes legal consent for release of the requested transcript AND also serves as legal authorization to charge a \$5.00 fee per transcript to the credit card for which information is provided and entered directly below.

CREDIT CARD INFORMATION

Name as it appears on Card: _____ Exp. Date ____/____/____

Zip Code of Cardholder _____ Amount of Charge Authorized \$ _____ (\$5.00 fee/transcript)

16 Digit Card # _____ 3 digit security code _____
(from back of card – required)

For Office Use Only: Date Rec. _____ Pymt. Included. ____ Date Mailed _____ Initials: _____