

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

Phone: 412-362-8500  
Fax: 412-362-1684

## TRANSCRIPT REQUEST FORM

- All transcript requests must be accompanied by a \$10.00 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 fax numbers and/or addresses.
- According to U.S. Dept. of Education, requests may not be made via email, due to privacy concerns.

### 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 \$10.00 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 \$ \_\_\_\_\_ (\$10.00fee/transcript)

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

*For Office Use Only:* Date Rec. \_\_\_\_\_, Pymt. Included. \_\_\_\_, Date Mailed \_\_\_\_\_ Initials: \_\_\_\_\_