

# TRANSCRIPT REQUEST FORM

Franklin Pierce University  
Office of the Registrar  
40 University Road  
Rindge, NH 03461  
Fax: 603-899-4069

Student Number # \_\_\_\_\_

Undergraduate courses, Graduate courses, or both?

SS# or Birth Date \_\_\_\_\_

Student Name \_\_\_\_\_

Please send \_\_\_\_ copy(ies) of my transcript to:

Former/maiden name \_\_\_\_\_

Local Address Or FPC Box:

Name \_\_\_\_\_

Address \_\_\_\_\_

Current FPC Student? Y or N

Circle One: FR SOPH JR SR

Please send \_\_\_\_ copy(ies) of my transcript to:

If not current student, last date of attendance: \_\_\_\_\_

Name \_\_\_\_\_

Campus: \_\_\_\_\_

Address \_\_\_\_\_

Reason for Request (ex: transfer, employment, graduate school, scholarship) \_\_\_\_\_

## INSTRUCTIONS AND FEES:

1. Fee is **\$10.00** for each transcript. **If multiple copies are ordered at the same time;** copies 1 & 2 are \$10,each , copies 3-7 are \$5 each , after 7, each additional copy is \$2.
2. Please allow **5 to 7 business days** for processing.
3. Before transcript will be issued all student accounts must be current, including Financial Services & Student Loans

**FRANKLIN PIERCE UNIVERSITY  
WILL NOT BE RESPONSIBLE FOR LOSS OF  
TRANSCRIPT DUE TO INSUFFICIENT  
ADDRESS**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Payment has been made via: (please circle one) Personal check, Credit Card, Debit Card, Cash, Money Order

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. Exp Date: \_\_\_\_ / \_\_\_\_.

Street Number for Credit Card Address: \_\_\_\_\_ Zip Code of Credit Card Billing Address \_\_\_\_\_

(American Express not accepted)

Daytime Phone ( ) \_\_\_\_\_

Address inquiries only to [registrar@franklinpiercedu](mailto:registrar@franklinpiercedu)

Phone inquiries: 603-899-4068