

BYU Independent Study
HIGH SCHOOL TRANSCRIPT REQUEST FORM

Today's Date: _____

(please print legibly)

Name: (include all names ever used)

Social Security/Student ID Number:

Student's Address:

Phone: _____

Check here if you are enrolled in the High School Transcript Program.

Mail ____ (# of copies) to address:

Overnight*

Mail ____ (# of copies) to address:

Overnight*

Signature:

Fax Number: (if transcript is to be faxed)

Attention To:

Faxed transcripts are not considered "official".

_____(____)_____

Note: International transcript requests will be sent via mail and cannot be faxed.

Please send all Transcript Requests to:

**BYU Independent Study
206 Harman Bldg.
PO Box 21514
Provo, UT 84602-1514**

Or fax Transcript Requests to:

801-812-8549

* There is a \$20 fee to overnight a transcript to a specific destination. Please call our office at 1-800-914-8931 after faxing this form to pay the fee. Requests will not be sent overnight until fee is paid. Overnight requests must be received in our office by 12:00pm MT to go out that same day. There is no fee for transcripts sent out by regular mail or fax. Please make sure that a final grade has posted on the course(s) in question prior to requesting a transcript.