

Transcript Special Request Form

This form is **ONLY** for the special transcript requests listed below.
All standard official transcript requests must be submitted online at banweb.pdx.edu.
See www.pdx.edu/registration/transcript-requests for more information.



1. Student Information

Student ID Number or SSN		Date of Birth		
Last Name	First Name	Middle Name	Former Name(s)	
Current Mailing Address		City	State	Zip
Phone Number		E-mail Address		
Years of PSU attendance (please check all that apply): <input type="checkbox"/> prior to 1962 <input type="checkbox"/> 1962-1974 <input type="checkbox"/> 1975-1980 <input type="checkbox"/> 1981-1991 <input type="checkbox"/> 1992-present				

2. Special Request

Select the required special request type/quantity (section 2) AND the delivery method (section 3).

Enclosure – I have a cover sheet or special enclosure to include with my official transcript. **Qty:** _____
(please attach enclosure)

Hold – I have received special permission to override a transcript hold on my record **Qty:** _____

Same Day Pick-up – I need to pick up my transcript in person, right away. **Qty:** _____

Fax – I need to have my transcript faxed **Qty:** _____

Legacy Unofficial – I attended before 1991 and need a copy of my unofficial transcript. **Qty:** _____
(no fee for Legacy Unofficial transcripts)

Notary Service – I need the additional step of having my official record notarized by a notary public. **Qty:** _____
(additional 2-3 days processing)

3. Delivery Method

Pick up in-person – \$5 per copy + \$10 processing fee
Student Name: _____
Person Authorized to Pick Up: _____


Fax – \$5 per copy + \$10 processing fee
Attention: _____
Fax #: _____

Standard Mail – \$5 per copy (3-5 days processing)
 Rush: + \$10 processing fee (leaves within 1 business day)
Name: _____
Address line 1: _____
Address line 2: _____
City, State, Zip: _____

Domestic FedEx – \$5 per copy & \$25 processing/S&H fee (no PO box - physical address only & phone number required)
Name: _____
Address line 1: _____
Address line 2: _____
City, State, Zip: _____
Recipient Phone #: _____

4. Authorization & Payment

Student Signature - I authorize PSU to release my transcripts to the parties indicated above.

 _____
Student Signature Required – *Unsigned requests will not be processed* _____ Date _____

Payment

Check Enclosed **Visa/MC** _____
(payable to PSU) Credit Card Number Exp. Date

Cash paid – **Attach Receipt from the PSU Cashier's Office (please do not mail cash)**

Portland State University ■ Attn: Transcript Requests ■ PO Box 751 ■ Portland, OR 97207-0751
Fax: (503) 725-8180 ■ Phone: (503) 725-3220 ■ transcripts@pdx.edu