



## Transcript Request Form

**Office of the Registrar**  
**5000 Deer Park Drive SE, Salem, OR 97317-9392**  
**Fax: (503) 585-4316 Phone: (503) 375-7017**

**Official Transcripts are \$5.00 per copy**

There is a \$5 charge for each official copy of your transcript. This can be paid by cash, check or debit/credit card. Payment must accompany your request.

Please allow 5 business days for processing. Allow additional time at the beginning and end of each semester. Corban cannot release transcripts from other schools.

Transcripts cannot be released if there is a financial hold on your account.

Transcripts will not be held for term grades posting. If you are awaiting current term grades, please confirm they have been posted on SIS prior to submitting your request.

Full Social Security Numbers may appear on transcripts with courses taken prior to 1992.

Picture ID is required to pick up transcripts.

If you have authorized someone to pick up your transcript for you, a letter stating this with your signature will be required.

Upon completion of this request form, return it to Corban University with payment (cash, check or money order payable to Corban University) using one of the following methods:

- Mail to:** Corban University, 5000 Deer Park Drive SE, Salem, OR 97317-9392
- Deliver** your request in person to the Registrar's Office, Schimmel Hall, Room 108

**Information About You:**

Last name	First Name	MI	Previous Last name
Current Address			ID Number or SSN
City	State	Zip Code	Birth Date
E-Mail Address			Phone Number (Day)
			Years Attended

**Send Transcript To:**

Name:
Address line 1:
Address line 2:
City/State/Zip:

Name:
Address line 1:
Address line 2:
City/State/Zip:

**Authorization:**

I authorize Corban University to send a transcript of my academic record to the destination(s) indicated on this request. I understand that Corban University cannot accept responsibility for transcripts lost in the U.S. Mail system.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment: (Do Not Send Cash)**

\_\_\_\_\_ **Check enclosed**    \_\_\_\_\_ **Visa/MC/Discover:** \_\_\_\_\_    **Exp. Date:** \_\_\_\_\_

\_\_\_\_\_ **Total Number of Transcripts Ordered (\$5 each)**