

OFFICIAL TRANSCRIPT REQUEST

BYU Registrar's Office
 B-150 ASB | Provo, UT 84602
 Tel: 801-422-2631
 Fax: 801-422-0613



PROCESSING TIME Please allow 1-2 business days for processing from the time this request is received. **This includes requests for Next Business Day and International Priority shipping.** Additional time required for records before fall semester 1979.

NOTE This form is for **BYU university level courses** only. Transcripts for Independent Study high school courses should be ordered through <https://is.byu.edu>.

STEP 1: STUDENT INFORMATION (ALL FIELDS ARE REQUIRED)

Current Name (Last, First, Middle) _____ BYU ID or SSN _____
 All Other Names Used _____ Birth Date _____
 _____ Phone Number _____
 Dates of Attendance _____
 Email Address _____

STEP 2: DELIVERY INFORMATION

(FOR ADDITIONAL RECIPIENTS, USE A SEPARATE FORM)

Electronic PDF Transcript **\$6.00 each**
 Show last 4 digits of SSN
 Email to _____

Hard Copy Transcript **\$7.00 each**
 Quantity _____
 Show last 4 digits of SSN Attachment
 Pickup
 Mail to

Shipping Standard Included
 Next Business Day* **+\$25.00**
*Not guaranteed for PO boxes
 International Priority **+\$47.50**

STEP 3: SPECIAL HANDLING - OPTIONAL

Send Transcript

After grades post _____ Semester/Term _____ Year

After degree posts _____ Degree Name

Notarization Required (Extra processing time - Hard Copy Only)

Seal in separate envelopes

Other _____

STEP 4: SUBMIT REQUEST:

Send transcript by email, ymessage, mail or fax.

****NOTE****
Do not send credit card information by email or ymessage.
We will call you for payment.

EMAIL: records@byu.edu

YMESSAGE: ymessage.byu.edu

MAIL: BYU Registrar's Office
 B-150 ASB
 Provo, UT 84602

FAX: 801-422-0613

PROVIDE PAYMENT INFORMATION: (INCLUDE CREDIT CARD # OR MAKE CHECKS PAYABLE TO BYU)

CREDIT CARD # (MAIL / FAX / IN-PERSON ORDERS ONLY)	MM/YY	CREDIT CARD ZIP CODE
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STEP 5: SIGNATURE (REQUIRED)

DATE

OFFICE USE ONLY	RECEIVED BY	INITIALS	DATE	HOLDS	NOTE	AMOUNT PAID	COMPLETED	INITIALS	DATE
	<input type="checkbox"/> WINDOW <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> YMSG			<input type="checkbox"/> NONE <input type="checkbox"/> YES <input type="checkbox"/> CLEARED	<input type="checkbox"/> REC 19	CC \$ ✓	EC HC		