



Instructions: Complete all fields, print and sign. Note that signature is required. Then either email scanned copy (preferred), mail to address listed below, or fax to phone number listed below.

First Name: Middle Initial: Last Name:
Former/Maiden Name:
Date of Birth (mm/dd/yyyy): Email address:
Current Address... Street: City:
State: Postal code: Country:
Phone Number... Home: Cell:
Are you currently enrolled? Yes No
If you are currently enrolled, hold transcripts for: End of semester grades Send immediately

Recipient one

Number of copies to send: Signature over flap: Yes No
Recipient Name/Department:
Mailing Address... Street: City:
State: Postal code: Country:

Recipient two

Number of copies to send: Signature over flap: Yes No
Recipient Name/Department:
Mailing Address... Street: City:
State: Postal code: Country:

By signing below, I hereby authorize Shiloh University to send my education record (transcript) to the addressed recipients above.

Signature of applicant

Date

Fax or email to: Shiloh University
100 Shiloh Drive
Kalona, IA 52247
Phone: (319) 656-2447
Fax: (319) 656-2448
registrar@shilohuniversity.edu

Fee Information: \$15.00 per copy payable by check or credit card through Shiloh forms University's [secure online payment system](#). Transcripts will be released upon payment. Please put "transcript request" in the Reference / Invoice field.