



Transcript Request Service & Release Forms

P.O. Box 3110 | 21982 University Lane | Orange Beach, AL 36561 | 800.977.8449 | Fax 251.224.0540

PERMISSION FOR COLUMBIA SOUTHERN UNIVERSITY (CSU) TO REQUEST TRANSCRIPTS/EDUCATION RECORDS

CSU will attempt to request official transcripts from institutions you previously attended. Please fill out the fields below and on page 2 of this document. Please be sure to list all previously attended institutions including location and dates of attendance (approximate years).

Please submit both pages of the Transcript Request Service forms, along with a color-copy photo ID (no military IDs), to trs@columbiasouthern.edu or mail to: P.O. Box 3110, Orange Beach, AL 36561-3110.

IMPORTANT

- » CSU will notify you via email if we are unable to obtain transcripts.
- » CSU cannot order either copies or officials of: CLEP scores, international transcripts, professional training and CEUs or transcripts from an institution at which there is a hold.

NAME: (First) _____ (Middle) _____ (Last) _____

E-MAIL: _____ DATE OF BIRTH: _____

HIGH SCHOOL/GED INFORMATION (Please type or print legibly.)

SELECT ONE: High School GED DATES ATTENDED: _____ TO: _____

NAME OF HIGH SCHOOL/TESTING CENTER: _____

CITY: _____ STATE: _____ DATE EARNED DIPLOMA/GED: _____

MILITARY INFORMATION (Please type or print legibly.)

SELECT MILITARY BRANCH IF APPLICABLE: Air Force Army Coast Guard Marine Navy Space Force

REQUEST MILITARY TRANSCRIPT: Yes No

INSTITUTIONAL INFORMATION (Please type or print legibly.)

1. SCHOOL NAME: _____ ONLINE: Yes No

CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____

2. SCHOOL NAME: _____ ONLINE: Yes No

CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____

3. SCHOOL NAME: _____ ONLINE: Yes No

CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____

4. SCHOOL NAME: _____ ONLINE: Yes No

CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

DEGREE EARNED: _____ CREDITS EARNED: _____



Transcript Request Service & Release Forms

P.O. Box 3110 | 21982 University Lane | Orange Beach, AL 36561 | 800.977.8449 | Fax 251.224.0540

	REQUEST FOR OFFICIAL TRANSCRIPT
	RECORDS OFFICE: Please mail one official transcript along with a copy of this form to: Columbia Southern University Attn: Office of the Registrar P.O. Box 3110 Orange Beach, AL 36561-3110
	eScripts can be emailed to registrar@columbiasouthern.edu

ADDITIONAL INFORMATION

	FOR INTERNAL USE ONLY

STUDENT INFORMATION

NAME: (First) _____ (Middle) _____ (Last) _____

NAME WHILE ATTENDING SCHOOLS: _____

EMAIL: _____

HOME PHONE: () _____ - _____ DATE OF BIRTH: _____ | _____ | _____

SOCIAL SECURITY NUMBER*: _____

**Social Security Number is required to assist institution in locating the proper student transcript.*

TRANSCRIPT RELEASE AUTHORIZATION

By signing this form, I am authorizing you to send my official transcript to Columbia Southern University. I am also authorizing Columbia Southern University to mail/fax this Transcript Request Form to you, and to pay the transcript fee on my behalf.

STUDENT'S SIGNATURE _____ DATE: _____ | _____ | _____

CONFIDENTIAL

The information in this document is protected by the rules and regulations of the Family Educational Rights and Privacy Act (FERPA). Please allow only authorized personnel of your institution to view and process this information.