TRANSCRIPT REQUEST

College of Southern Idaho

Mail Request to:
Office of the Registrar
Attn: Transcript Request
PO BOX 1238
Twin Falls, ID 83303-1238
Phone (208) 732-6795
Email:Records@csi.edu
Fax requests not accepted.

Student information:

Name:_____ Birth Date: _____

Previous Name(s):_____ Student ID#: _____

Address:_____ Social Security#: _____

City/State/Zip: _____ Day Phone: _____

Are you currently enrolled at CSI? ☐ Yes ☐ No

If not, indicate the last semester you were enrolled at CSI: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

SEND TO: Please print and verify for accuracy.

Name of Institution/College/Recipient: _____

ATTN:_____ Dept.:_____

Address: _____ City/State/Zip: _____

Note: *Student is responsible for correct mailing address; transcripts will not be resent if returned by post office.*

☐ Hold for pickup by student (**photo ID required**). Location of pick up: CSI's main campus Twin Falls, Idaho.

☐ *Pick up by a 3rd party (Name):* _____
A letter of authorization from student's CSI Eaglemail account & a photo ID from the authorized individual is required.

Check only one:
☐ Process **now**
☐ Process after current **grades** are posted
☐ Process after **degree/certificate** is posted   *Your records will not be checked for graduation unless you have applied for graduation.*

Fees/Payment:

OFFICIAL Transcript Standard Processing Fees:
☐ **Mailed** or **picked up** in person: $7 per transcript
Standard Processing Time: 7-10 business days

UN-OFFICIAL Transcript Standard Processing Fees:
(Un-official transcripts are free online at mycsi.csi.edu for current students.)
☐ **Mailed** or **picked up** in person: $2 per transcript
Standard Processing Time: 7-10 business days

Additional Fees for Expedited Processing:
☐ **Priority Mail:** $10 in addition to per transcript fee
☐ **UPS/FED Ex/International Delivery:** $25 in addition to per transcript fee
☐ **Rush Orders:** $10 in addition to per transcript fee and applicable delivery fees
    Within 24 hours of receipt, not including weekends, holidays, breaks or other school closure.

Number of copies requested: _____ **Amount due:** _____ **Payment Method:** Amount $_____ Check #_____ **or** Cash $_____

Credit/Debit Card requests: www.studentclearinghouse.org Priority processing

Student Signature (Required): _____ **Date** _____
An official transcript is mailed directly from one institution to another. Hand carried transcripts may not be accepted as official by other institutions.

OFFICE USE ONLY

PAYMENT DATE: _____ **PAYMENT TYPE:** _____ **AMOUNT $:**_____ **RECEIPT #:**_____ **INITIALS:** _____

DATE PROCESSED: _____ **PROCESSOR:** _____

Last Updated Oct 2016 (M.McFarlane)