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Office: Academic Complex, Room 142  
Phone: 601-974-1120  
Fax: 601-974-1114

**REQUEST FOR OFFICIAL MILLSAPS COLLEGE TRANSCRIPT**

Please print full name on Millsaps Record \_\_\_\_\_

Today's Date \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Are you currently enrolled? Y or N

If no, provide last semester attended \_\_\_\_\_ or graduation date \_\_\_\_\_

This transcript is being sent under the provisions of the Family Educational Rights and Privacy Act of 1974. Information contained on this transcript cannot be transferred to a third party without the written authorization of the student. The transcript is not official unless it bears the seal of the College.

\*Please mail \_\_\_\_ number of copies to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please complete one request form for each addressee.*

Official transcripts are \$10.00 per copy. Transcripts are not released unless all accounts are clear with the College, and are released only at the written request of the student as required by law. Please provide the information requested below.

Form of payment:

\_\_\_\_ Card    \_\_\_\_ Cash    \_\_\_\_ Money Order    \_\_\_\_ Charge Student Account (only available to current students)  
\_\_\_\_ Check (make it out to Millsaps College)

Type of transcript:

\_\_\_\_ Undergraduate    \_\_\_\_ Graduate    \_\_\_\_ Both

Please process (circle one):

- Immediately
- Once grades from \_\_\_\_\_ term are processed
- After degree has been posted
- Other: \_\_\_\_\_

Student Signature \_\_\_\_\_

Form last updated: 1/3/2016

<b>FOR OFFICE USE ONLY</b>
Date received _____
Date processed _____
Amount due _____
Hold:    Y    or    N
Comments _____ _____
Initial _____