



## Transcript Request Form

Return

MAIL to CTS Registrar, 1000 W. 42<sup>nd</sup> Street Indianapolis, IN 46208

FAX to (317) 269-7082

email to [mschlimgen@cts.edu](mailto:mschlimgen@cts.edu)

questions? 317-931-2382

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Date \_\_\_\_\_ CTS Student ID or last 4 digits of the SSN \_\_\_\_\_

Student Name \_\_\_\_\_  
please print

Student Phone \_\_\_\_\_ Email \_\_\_\_\_

Student Signature (live ink signature required) \_\_\_\_\_

Please send \_\_\_\_\_ copy(ies) of my transcript to (print complete address):

_____	_____
_____	_____
_____	_____
_____	_____

Deadline for receipt of transcript \_\_\_\_\_

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please also supply the following information:

Current Address: \_\_\_\_\_ check here if new \_\_\_\_\_

Degree Received \_\_\_\_\_ or last year of attendance \_\_\_\_\_

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It is a violation of federal law to release a copy of a transcript without the student's specific authorization. Transcripts are processed within 10 working days of receipt of request.