



TRINITY
COLLEGE

Transcript Request
Credit Card Information Form

Student Information

Last Name	First	Middle	Maiden	
Current Street Address		City	State	Zip
(____)____-____	(____)____-____			
Home Phone Number	Cell Phone Number			

Credit Card Information

I request and authorize the use of my credit card for the above named student:

Visa *or* MasterCard

Credit Card Number: _____ Expiration Date: ____/____

Security Code (3 digit code located on the back of the card): _____ Amount to be charged: \$_____

Student Signature
Date

Fees

Transcript requests are \$5.00 per transcript. Expedited requests are \$25 per transcript.
 Other Educational Records requested are \$1.00 per page.
 (Expedited requests include same/next day requests)

For Office Use Only

Registrar's Office: Cleared: _____	Rejected: _____	Registrar's Office Initials: _____
Business Office: Fee: \$_____	Date Paid: _____	Business Office Initials: _____