Transcript Request Form

Return in person or by MAIL to CTS Registrar, 1000 W. 42nd Street, Indianapolis IN 46208
or by FAX to (317) 269-7082 (please sign)
Questions call (317) 931-2382 or email registrar@cts.edu

Date________________ CTS Student ID or last 4 digits of the SSN __________________________

Student Name __________________________________________________________
please print

Student Telephone __________________________ Email ____________________________

Student Signature ________________________________________________________

Signature and Printing Instructions - This form must be completed, printed, signed and sent to the Registrar’s Office by fax or mail.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Deadline for receipt of transcript __________________________

________________________________________

please also supply the following information:

Current Address: check here if new __________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Degree Received ______________________ or last year of attendance __________________

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