



## TRANSCRIPT REQUEST

Last name	First Name	Middle Name	Badger ID#
Former Name (name while attending Snow College)			Date of Birth
Address (Street, City, State, Zip)			Phone #
Dates of Attendance: _____ to _____ (Month / Year) (Month / Year)			

**Send Transcripts to:**

**Options:**

- Do not hold for current grades
- Send only after current grades are posted
- Send only after Degree is posted

**Date of Request:** \_\_\_\_\_

**Send your request to via mail, email, or fax to:**

Snow College  
 ATTN: Transcripts  
 150 College Avenue  
 Ephraim, UT 84627  
 Fax: 435.283.7149  
[registrar.et@snow.edu](mailto:registrar.et@snow.edu)

**Cost: \$5/copy**

**Delivery Options:**

	USPS - \$0	
	International - \$40	
	Domestic Express - \$30	

**Total:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Payment:**

If paying by credit card, please fax or email your request and then provide your credit card information to the Cashiers Office by calling 435.283.7296. **DO NOT LEAVE YOUR CREDIT CARD INFORMATION IN A MESSAGE.**