

PGU Transcript Request Form

Campbellsville University is the Custodian of Record for Phillips Graduate University.
For PGU Graduates Prior to 2019

Student Information

Name: _____
Last First Middle Maiden

SSN: _____ Date of Birth: _____

Current Street Address: _____ City, State, Zip: _____

E-mail address: _____ Phone: _____

Student Authorization

I authorize Campbellsville University to release my transcript as prescribed herein.

Student Signature

Date

- Each copy of a transcript costs \$10.00 and must be paid by credit card.
- Allow 10-14 business days for processing of transcript orders.
- You may mail or e-mail this form to the address above on the right corner.

Issue ____ copy/copies to ... Person/Institution: _____ Attn: _____ Address: _____ City/State/Zip: _____	Issue ____ copy/copies to ... Person/Institution: _____ Attn: _____ Address: _____ City/State/Zip: _____
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Credit Card Information - *Campbellsville University does not retain credit card information.*

Name on Card Expiration Date

Credit Card Number CVV