Transcript Request Form

A transcript is a student`s official academic record. Official transcripts are embossed, signed by the Registrar, and printed on official transcript paper. They may be sent directly to third parties or to you in a sealed envelope.

**Instructions for Ordering a Transcript**

·Step1: Fill the *Transcript Request Form* as required.

·Step2: Complete the payment(s), including the fees of transcript and express service.

·Step3: Send the *Transcript Request Form* and your receipt as two attachments to oiss@mail.fcu.edu.tw

**Requirements for Filling the Form**

·Provide all requested information legibly, choose the type(s) of transcript(s) requested (tick √).

·Make sure to sign the form where indicated and make sure the signature is in ink.

·Electronic signature (scanned picture) is allowed and you should fill the statement below the e-signature.

·**Fill in CHINESE if the address is in China**, including Hong Kong, Macau and Taiwan.

**Attention**

Transcript requests ordinarily are processed within a minimum of two working days from the date of receipt; however, it may take longer time to process requests during busy periods. If you request a transcript, you should submit your request (including *Transcript Request Form* and the payment receipt) as early as possible, particularly when you have a deadline.

**Please provide all information requested below.**

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| **PERSONAL INFORMATION \*exactly as printed on your government-issued ID** |
| Chinese Name (如有，請完整填寫中文姓名) 李明  | Family Name (s) Li  | Given Name (s) Ming  |
| Date of Birth (yyyy/mm/dd, eg: 2002/06/23)  2002/06/23  | Gender Male  | Phone (including area/country code) +86 123 4567 8911  |
| Year of Attendance 2020  | Campus/Program Online  | Session Online-Winter (Dec-Jan)  |
| I authorize Feng Chia University to release the official transcript of my education record to the recipient(s) indicated below. Student Handwritten Signature (required): Ming Li Date: 2022/01/01  |
| **Self-Certification Statement (only for electronic signature):** By checking this form, I certify that I, Ming Li（李明） am the above named student and my electronic signature provided on this form is authentic and has the same validity and legally binding effect as signing this consent form by my hand in ink. |
| **( ) ELECTRONIC TRANSCRIPT REQUIREMENT \*Scanned Copy** |
| Email Address   | TypeElectronic copy sent to Choose one.  |
| Do you have any other requirements ?  |
| **( √ ) OFFICIAL TRANSCRIPT REQUIREMENT \*Official Copy Sealed in the Envelop** |
| Number of Copies 1  | Name of Recipient Academic & Career Advising Office  | Company/University/Institution Syracuse University  |
| Country USA  | State/Province/Region New York  | City Syracuse  | Zip/Postal code 13244-1170  | Phone Number +1 315-443-2517  |
| Address  342 Hall of Languages  | TypePrinted copy sent to directly to a third party.  |
| Do you have any other requirements ?  |