

Transcript Request Form

Transcript requests will be processed within 5 to 7 business days of being received.

Students must submit all Ursuline College official or unofficial transcript request in writing. You may mail, fax, e-mail, or bring the Transcript Request Form into the Student Service Center to be processed. Transcripts are only released if the student has met all financial obligations to the College. There is a \$3.00 charge for each official transcript requested.

Last Name: _____ First Name: _____

Social Security Number: _____ Daytime phone: (____) _____

Former Name(s): _____

Student current address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

| School Attended | Dates of Attendance | Year Graduated |
|--------------------------------------|---------------------|----------------|
| Ursuline College | | |
| St. John College School of Nursing | | |
| St. John College School of Education | | |

Currently enrolled: _____ Hold for grades: _____ Hold for degree posting: _____

Forward transcript to: Please provide the complete mailing address. Submit further addresses on the back of this form

Payment Information: To pay with debit or credit card, complete a request on-line through the National Student Clearinghouse webpage at www.studentclearinghouse.org. To pay with cash or check, complete this form and bring or send it to the Student Service Center at Ursuline College. Please make check or money order payable to Ursuline College.

Number of Copies: Official Transcript _____ Total Amount Enclosed: \$ _____ (# of copies X \$3.00)
 Unofficial Transcript _____ (no charge)

By signing this form, I authorize the release of information contained in my academic transcript.

Signature _____

Date _____