



VALUES • VOICE • VISION

Transcript Request Form

Transcript requests will be processed within 10 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

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

Signature _____ Date _____

Payment Information: Please make Check or Money Order payable to Ursuline College

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

Credit Card Number: _____ - _____ - _____ Expiration Date ____/____

Cardholder's Name: _____

Cardholder's Address: _____

I authorize Ursuline College to charge my credit card for the amount listed above. Please be advised that credit card information will be shredded after transcript request is processed.

Signature _____ Date _____