

**ALVERNIA UNIVERSITY
REGISTRAR'S OFFICE
400 Saint Bernardine Street
Reading, PA 19607**

REGISTRAR'S OFFICE TRANSCRIPT REQUEST

Today's Date: _____

ISSUE ___ COPIES OF MY TRANSCRIPT TO NAME/ADDRESS:

TRANSCRIPT TYPE: (Check One)

Official Unofficial

***Signature at the bottom of this form
is required to release transcript.**

**Registrar's Fax#: 610-796-8295

****additional \$1 for faxing transcript**

Official transcripts are signed and sealed by the Registrar's Office. Unofficial transcripts do not bear the signature or the official seal and are intended for personal use only.

PLEASE CHECK ONE:

- SEND TRANSCRIPT NOW
- HOLD TRANSCRIPT UNTIL END OF SEMESTER:
(CIRCLE ONE)
FALL SPRING SUMMER WINTER
- HOLD FOR RECORDING OF DEGREE EARNED
- HOLD FOR REMOVAL OF INCOMPLETE GRADE

PLEASE COMPLETE:

- UNDERGRADUATE PROGRAM
Date last attended: _____
or graduated: _____
- GRADUATE PROGRAM
Date last attended: _____
or graduated: _____

PRINT NAME: _____

SSN: _____

ADDRESS: _____

PHONE: () TYPE: _____

E-MAIL: _____

FORMER NAME: _____

(if applicable)

I HEREBY AUTHORIZE THE RELEASE OF MY OFFICIAL ACADEMIC RECORD:

***SIGNATURE:** _____

Pre-paid fee required. Transcript fee is \$5.00 per transcript request.

Amount: _____ (Check one) Cash Check MasterCard Discover Visa American Express

Note: A 2.75% convenience fee applies to all credit card payments.

cc# _____

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All transcripts are processed within **5 business days** upon receipt of transcript request and clearance of any financial obligation to the university.

Revised 12/15