

TRANSCRIPT REQUEST

REGISTRAR'S OFFICE
ALVERNIA UNIVERSITY
READING, PA 19607-1799

Today's Date _____

ISSUE _____ COPIES OF TRANSCRIPT TO:

Date mailed:
PER:

- Official Transcript
 - Unofficial Transcript
-

Official transcripts are signed and sealed by the Registrar's Office of Alvernia University. These transcripts are issued to a third party. Unofficial transcripts do not bear the signature of the Registrar or the official seal.

I HEREBY AUTHORIZE THE RELEASE OF MY OFFICIAL ACADEMIC RECORD AS DIRECTED:

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: _____

*ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE MET BEFORE A TRANSCRIPT IS RELEASED.

SIGNATURE: _____

PRINT NAME: _____

SSN: _____

ADDRESS: _____

PHONE#: () _____

E-MAIL ADDRESS: _____

Signature and pre-paid fee required

Registrar's Fax#: 610-796-8295

FORMER NAME: _____

FEE PAID _____ CASH CHECK

MasterCard Discover American Express

Note: A 2.75% convenience fee applies to all credit card payments. We **DO NOT** accept Visa.

cc# _____

cc expiration date: _____ 3 digit code: _____