

**NOTE: Transcript requests from anyone with a financial obligation to the university will not be processed.**

**JOHN CARROLL UNIVERSITY  
TRANSCRIPT REQUEST FORM**

Print this page, complete all information, and mail it to:

*Normal processing time is 1-2 business days from date the request and payment is received.*

**John Carroll University  
Office of the Registrar  
1 John Carroll Boulevard  
University Heights, OH 44118**

Date: \_\_\_\_\_

Approximate Date(s) of Attendance: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Please update school records to reflect this address

Total Number of Copies Requested: \_\_\_\_\_

<p><b>Check One:</b></p> <p><input type="checkbox"/> Will pick up. (Available in 2 business days.) (Please bring photo ID.)</p> <p><input type="checkbox"/> Send transcript immediately.</p> <p><input type="checkbox"/> Hold transcript to include notification of degree.</p> <p><input type="checkbox"/> Hold for grades from current session. Current Session: _____</p>
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**1) Send ( \_\_ ) Transcript(s) to:**

Person/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**2) Send ( \_\_ ) Transcript(s) to:**

Person/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**\*\*Include additional addresses on a separate sheet. Also include your name and ID number on second page.**

*If you are picking up the transcript or are having it sent to yourself, please check below how you would prefer to have it issued:*

- Issued to Student in a Sealed Envelope(s).
- Issued to Student.

If you are unsure about how to send your transcript, please contact the person or agency where the transcript is being sent for clarification of their requirements.

**Transcript(s) cannot be released without your written signature.**

I authorize release of information contained in this transcript.

Signature: \_\_\_\_\_

**Please include the fee of \$5.00 per transcript. Make check payable to John Carroll University.**