

# JOHN CARROLL UNIVERSITY TRANSCRIPT REQUEST FORM

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

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

Unofficial requests may be scanned or faxed to: [registrar@jcu.edu](mailto:registrar@jcu.edu) or 216-397-3049

## OFFICE USE ONLY:

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

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

## STUDENT INFORMATION

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

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

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

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

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

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

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

## PROCESSING INSTRUCTIONS (SELECT ONE):

- Process immediately.
- Hold for current semester grades to be posted. Term/Part of Term: \_\_\_\_\_
- Hold for degree to be posted. Expected Graduation Date: \_\_\_\_\_
- Special instructions: \_\_\_\_\_

## SEND TRANSCRIPT TO:

No. of Copies: \_\_\_\_\_

*Please choose one option:*

- Official (\$5 per copy)
- Unofficial (No charge)

*\* If transcript is being issued to you, please select one option below:*

- Sealed
- Issued to Student

Pick up in Registrar's Office (Photo ID required) - or -

Send to:

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

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

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

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Send to:

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

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

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

**SIGNATURE AND DATE:** Transcript(s) cannot be released without your written signature. A typed name will not be accepted.

I authorize release of information contained in this transcript.

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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