

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 or fax it to:

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

Office of the Registrar
John Carroll University
20700 North Park Blvd.
University Heights, OH 44118
Fax: 216-397-4981

Date: _____

Check one: Undergraduate Graduate Last Date of Attendance: _____

Student ID or SSN: _____ Date of Birth: _____

Your Name: _____

Former Name (if applicable): _____

Your Address: _____

City, State, Zip: _____

Phone Number: _____

Total Number of Copies Requested: _____

Cashier Use ONLY

Amount Paid _____

Amount Due _____

Check One:

Will pick up. (Available in 2 business days.)
(Please bring photo ID.)

Hold transcript to include notification of degree.

Send transcript immediately.

Send transcript when grades from current session
are available. Current Session: _____

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: _____

If mailing, please include the fee of \$3.00 per transcript. Make check payable to John Carroll University.
If faxing this request (Fax: 216-397-4981), an invoice will be sent to your address.