

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 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 (\$20 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: _____

No. of Copies: _____

Please choose one option:

- Official (\$20 per copy)
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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 (cash or check only) is received.