GRADUATE/FORMER STUDENT REQUEST FOR TRANSCRIPT

(CURRENT STUDENTS USE STUDENT TRANSCRIPT REQUEST FORM)

Name: ____________________________________________
Address: __________________________________________
City: ____________________________________________ State: __________ Zip code: __________

Student ID #:___________    E-mail address: ___________________________________
Home Phone: __________________________ Other Phone: ___________________________

Check items as appropriate:
☐ Graduate  ☐ Former Student
☐ Graduation Date: __________ mo./yr. OR  ☐ Last date of attendance __________ mo./yr.
☐ Official transcript  ☐ Unofficial copy

ADDITIONAL INSTRUCTIONS TO REGISTRAR:
☐ _____ number of copies of transcript
☐ Include Clinical Evaluation  _____ number of copies of evaluation
☐ Include Dean’s Letter
☐ Special Handling (Overnight)  ☐ Hold for pickup**

Note: Graduates/former students must order National Board scores directly from the National Board/Chauncey Group.
**Official transcript for pickup is addressed to qualified recipient in sealed envelope with security stamp. Only unofficial transcripts may be Faxed. Fee schedule: Graduate or former student Transcript $10.00 Add Clinical Evaluations – no additional charge; Special Handling (e.g., Express Mail) $18.00 minimum.

Signature: ____________________________________________  Date: _____________________

Print plainly the name, office and address of recipient to whom transcript is to be sent. Use separate form for each addressee.

Original – recipient
1st copy – Registrar
2nd Copy - Student