

TRANSCRIPT REQUEST FORM

STUDENT INFORMATION

Seminary-DO NOT USE THIS FORM-Please Contact the Seminary

Location: Ashland University MedCentral Mansfield General

Purpose: Grad School Employment Scholarship Transfer Other

Ashland University ID or SSN:

DOB:

Full Name:

Maiden/Other Name:

Phone Number:

Email Address:

Last Year Attended, If Prior to 1987:

Student's Signature: _____ Date: _____

TRANSCRIPT ORDER INFORMATION

Send Transcript Immediately Hold for current term grades Hold for degree

Number of **Official** Copies (\$12.00 per transcript) Number of **Unofficial** Copies (\$3.00 per transcript):

FILL OUT BELOW INFORMATION IF MAILING A TRANSCRIPT

When do you need your transcript?

Cash or Check		
<input type="checkbox"/> 2-4 Days Processing Mail/Pick-up Official or Unofficial Transcript Allow additional time for standard mail delivery. Pick up transcripts will be available by 3 PM.	<input type="checkbox"/> Next Business Day-Domestic \$27 per address for next day delivery Official Transcript Only Can be sent same day when ordered prior 12pm, otherwise will be sent the next business day	<input type="checkbox"/> International Delivery Official Transcript Only Current mailing rate will apply for postage fee for international delivery. This fee is processed upon request and based on the location it is being sent. Please request the fee from the Registrar's Office.

Transcript Mailing Address 1:		Transcript Mailing Address 2:	
Send to:		Send to:	
City:		City:	
State:	Zip:	State:	Zip:

**TRANSCRIPT REQUESTS SUBMITTED WITHOUT PAYMENT WILL NOT BE PROCESSED.
 PLEASE MAIL THIS FORM TO OUR OFFICE WITH EITHER CASH OR A CHECK.**