



# Official Transcript Request

Please send to address below one copy of my official:

**Xavier University**  
Center for Adult and Part-Time Students  
3800 Victory Parkway  
Cincinnati, OH 45207-3120

- High School Transcript
- College Transcript
- Please send a copy of this form with the official transcript.**

Please send an additional transcript to me at the address below.

**Name:** \_\_\_\_\_  
Last First Middle Maiden/Other

**Name at time of attendance** (if applicable): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**College ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **Business Phone:** ( ) \_\_\_\_\_

**Name and address of institution attended:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dates of attendance:** \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

\_\_\_\_\_  
Student's Signature Date

**Please notify me if there will be a charge.**

**Center For Adult and Part-Time Students**  
3800 Victory Parkway  
Cincinnati, Ohio 45207-3120  
Phone 513 745-3355  
Fax 513 745-3055