



TRANSCRIPT REQUEST FORM

Office of the Registrar, 3800 Victory Parkway, Cincinnati Ohio 45207-3131 Phone 513 745-3941 FAX 513 745-2868

Number of copies needed _____

Last name _____ First _____ Middle _____ Date _____

STUDENT'S SIGNATURE (required) _____

Student I.D. or Social Security number _____

All Previous Names _____

For instructions see:

www.xavier.edu/registrar/help/transcripts.html

STUDENT'S ADDRESS and PHONE: (PLEASE PRINT)

Phone # _____

MAIL TO (PLEASE PRINT) OR Check box for pick-up by student.

(Attach separate sheet to list multiple "mail-to" addresses.)

PROCESSING INSTRUCTIONS (Check all that apply)

Normal processing (fee assessed)

Rush processing (extra fee assessed)

Express Shipping (USPS rates apply)

Issue in sealed envelopes

Attach enclosed form

Hold for posting of grades (circle one)
 Summer Fall Spring

Hold for posting of grade change
 Course _____

Hold until degree is conferred:
 Degree _____ Date _____

Unofficial

Other: _____

DIVISION ATTENDED (check all that apply)	DATES OF ATTENDANCE
<input type="checkbox"/> Graduate	_____
Major/Degree	_____
<input type="checkbox"/> Undergraduate	_____
Major/Degree	_____
<input type="checkbox"/> Edgecliff	_____
Major/Degree	_____
<input type="checkbox"/> Other	_____

Cash Credit card: VISA MasterCard Discover

Check # _____ - - - Exp: /

Money order

office use only
 Initials: _____ Date: _____ Amount: _____