



**JOHN PAUL
THE GREAT**
CATHOLIC UNIVERSITY

OFFICE USE ONLY

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		/ /
no holds	pay method	completed
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TRANSCRIPT REQUEST

Please print legibly. A transcript request will not be processed for a student who is delinquent to the university.

STUDENT INFORMATION

Last Name First Middle Previous Last Name(s)

Current Address City State Zip

Email Address () Phone -

Date of Birth: ____ / ____ / ____ Dates of Attendance: ____ / ____ to ____ / ____
month year leave blank if currently attending

TRANSCRIPT REQUEST

TRANSCRIPT SHOULD BE PROCESSED

Now although some grades might be missing **Hold** for current quarter grades

DELIVERY METHOD OF TRANSCRIPT

For Rush delivery, you MUST select overnight delivery. Electronic delivery is NOT rush service.

Printed copy by U.S. Mail In-person pick up Fax (may be considered unofficial)

ADDRESS(ES) WHERE TRANSCRIPT IS TO BE MAILED

FULL NAME OF UNIVERSITY OR BUSINESS
ATTN.
ADDRESS
CITY • STATE • ZIP
FAX NUMBER (PROVIDE ONLY IF FAXING)

FULL NAME OF UNIVERSITY OR BUSINESS
ATTN.
ADDRESS
CITY • STATE • ZIP
FAX NUMBER (PROVIDE ONLY IF FAXING)

PAYMENT

Any request that does not have payment enclosed WILL NOT BE PROCESSED. Official transcript fee is \$10 per address, per request. Returned checks due to insufficient funds will result in a service charge of \$25.00.

Number: ____ x \$10.00 = Total \$ ____

Payment Enclosed: Check Cash Credit Card (pay over the phone)

SIGNATURE *Transcript CANNOT and WILL NOT be processed without a signature.*

Signature: _____ Date: ____ / ____ / ____