

**ALVERNIA UNIVERSITY
REGISTRAR'S OFFICE
400 Saint Bernardine Street
Reading, PA 19607**

REGISTRAR'S OFFICE TRANSCRIPT REQUEST

Today's Date: _____

ISSUE ___ COPIES OF MY TRANSCRIPT TO NAME/ADDRESS:

***Signature at the bottom of this form is required to release transcript.**

Scan/Email: transcriptrequests@alvernia.edu
Registrar's Fax#: 610-796-8295

Transcript Type: (Check One)

- Official Transcripts are signed and sealed by the Registrar's Office.
 Unofficial Transcripts do not bear the signature or the official seal and are intended for personal use only.

PLEASE CHECK ONE:

- SEND TRANSCRIPT NOW
 HOLD TRANSCRIPT UNTIL END OF SEMESTER:
(CIRCLE ONE)
FALL SPRING SUMMER WINTER
 HOLD FOR RECORDING OF DEGREE EARNED
 HOLD FOR REMOVAL OF INCOMPLETE GRADE

PLEASE COMPLETE:

- UNDERGRADUATE PROGRAM
Date last attended: _____
or graduated: _____
 GRADUATE PROGRAM
Date last attended: _____
or graduated: _____

PRINT NAME: _____

ID# or LAST 4 SSN: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

FORMER NAME: _____
(if applicable)

I HEREBY AUTHORIZE THE RELEASE OF MY OFFICIAL ACADEMIC RECORD:

***SIGNATURE:** _____

Pre-paid fee required. Transcript fee is \$5.00 per transcript request.

Amount: _____ (Check one) Cash Check MasterCard Discover Visa American Express

Note: A 2.75% convenience fee applies to all credit card payments.

cc# _____

cc expiration date: _____ 3 digit code: _____

-All transcripts are processed within a business week of receipt of completed request.
-Students must clear financial obligations to the university before transcript will be processed. It is the students' responsibility to notify the Registrar's office when hold is cleared.