**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:

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**TRANSCRIPT TYPE: (Check One)**

☐Official ☐Unofficial

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

Registrar's Fax#: 610-796-8295

Official transcripts are signed and sealed by the Registrar's Office of Alvernia University. These transcripts are issued to a third party. Unofficial transcripts do not bear the signature of the Registrar or the official seal.

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: _____ SSN: _____

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FORMER NAME: _____
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**Pre-paid fee required. Transcript fee is $5.00 per transcript request.**

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I HEREBY AUTHORIZE THE RELEASE OF MY OFFICIAL ACADEMIC RECORD:

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Revised 6/13