



TRANSCRIPT REQUEST FORM

PLEASE PRINT

Date of request _____ ID number _____

Name _____

Last year of attendance _____ Phone number _____

Full name while attending _____

Date of birth (if ID number not available) _____

Street address _____

City _____ State _____ Zip _____

Note: You are responsible for the address. Transcripts cannot be faxed.

Number of official transcripts to this name and address _____:

Number of official transcripts to this name and address _____:

Please attach a second page of addresses if necessary.

NOTICE: The enclosed transcript is being forwarded on the condition that it cannot be released in whole or part to any third party without the written consent of the student in accordance with the Family Educational Rights and Privacy Act of 1974.

As required by the Family Educational Rights and Privacy Act of 1974, as amended, a student signature is required for release of transcript.

X
Student Signature

Purpose of Request:

- Scholarship application
- Transfer to another school
- Summer School/Study Abroad
- Employment/Certification
- Graduate School
- Other _____

CHECK ONE:

- Hold for pick-up (photo id required) Qty: _____
- Mail to the current address Qty: _____
- Mail to address(es) shown on the left

OPTIONS:

- Hold for current semester grades
- Hold for graduation information

TRANSCRIPT FEE per transcript... \$5
CURRENT STUDENTS: NO CHARGE

Number of transcripts _____ x 5.....\$ _____

Optional Fees:

- Rush Processing.....\$10
- FedEx Overnight Delivery..... \$20

*FedEx cannot deliver to PO Boxes

Total due \$ _____

Pay transcript and optional fees by cash, check or money order. Make checks payable to Dominican University. You can also pay online via Cashnet at

<https://commerce.cashnet.com/domgem>

When faxing a request to (708) 524-6943
Please include your Cashnet receipt:

OFFICE USE ONLY

Transcript sent _____

Amount paid _____