



**Federal law requires a student signature in order to release transcript information. You may fax, mail, or email a scanned copy of this request form (.pdf file format) to the address listed below.**

There are no fees for transcript requests. Requests are processed within 3-5 business days. Rush orders may be obtained for \$5.00 per copy (cash or check only) from 9:00 am to 5:00 pm at the Registrar's office in Fowler Hall, Room 3, St. Davids, PA. Transcripts cannot be released to current students or alumni with remaining financial obligations.

## Transcript Request

|  |   |   |
|--|---|---|
| Last Name, First Name  |   | ID or SS#   |
| Address  |   |   |
| Phone  | Level of Study<br><input type="checkbox"/> Undergraduate<br><input type="checkbox"/> Graduate Level<br><input type="checkbox"/> Doctoral Level  | Attended Eastern Prior to 1983?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email  | <input type="checkbox"/> Graduate Level<br><input type="checkbox"/> Doctoral Level  | Attended Cushing Jr. College?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Number of Official Transcripts Requested (Official transcripts are sent in a sealed envelope. Only unofficial copies can be faxed. Transcripts cannot be emailed.) | <input type="checkbox"/> Send now. (Even though current grades may not be recorded.)<br><input type="checkbox"/> Send after grades are recorded for _____ (session).<br><input type="checkbox"/> Send after grade change is complete for _____ (course).<br><input type="checkbox"/> Send after degree is conferred on _____ (grad date). |   |
| Number of Unofficial Transcripts Requested   |   |   |
| <b>Student Signature (no digital signatures accepted)</b>  | <b>Date</b>   |   |

### Send Transcripts to:

|  |  |
|--|--|
| 1. Person or Institution Name  | <input type="checkbox"/> Official Copy<br><input type="checkbox"/> Unofficial Copy |
| Address  |  |
| City, State, Zip   | Fax  |
| 2. Person or Institution Name  |  |
| <input type="checkbox"/> Official Copy<br><input type="checkbox"/> Unofficial Copy |  |
| Address  |  |
| City, State, Zip   | Fax  |
| 3. Person or Institution Name  |  |
| <input type="checkbox"/> Official Copy<br><input type="checkbox"/> Unofficial Copy |  |
| Address  |  |
| City, State, Zip   | Fax  |