



TRANSCRIPT REQUEST FORM

Print, sign and submit to starsconnect@dom.edu

Date of request _____ ID number _____

Name _____ email _____

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 _____:

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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 - **required**

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 / email to address(es) shown on the left

Options:

- Hold for current semester grades
- Hold for graduation information

\$5 Transcript Fee Per Transcript

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

Additional Optional Fees:

- FedEx Overnight Delivery..... \$20
** FedEx cannot deliver to PO Boxes*

Total due \$ _____

Make payments via CASHNet at <https://commerce.cashnet.com/domgem>

Mail request and check or money order made payable to Dominican University.

When faxing a request to (708) 524-6943
Please include CASHNet receipt.

OFFICE USE ONLY

Transcript sent _____

Amount paid _____