

TRANSCRIPT REQUEST FORM

A separate transcript request form must be used for each recipient.

PLEASE PRINT

Date of request _____

Student ID number _____

Name _____

Street address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

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

TRANSCRIPT RECIPIENT ADDRESS:

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.

Due to the Family Educational Rights and Privacy Act of 1974, a student signature is required for release of transcript.

 Student Signature

CHECK ONE:

Number of Copies

Undergraduate transcript _____

Graduate transcript _____

Undergraduate and Graduate _____

Last date of attendance _____

Other Names Used _____

CHECK ONE:

Hold for pick-up

Mail to address shown

CHECK ONE (if applicable):

Hold for current semester grades

Hold for graduation information

TRANSCRIPT FEE: \$5.00
CURRENT STUDENTS: NO CHARGE

Pay by cash, check or money order. Make checks payable to Dominican University.

When faxing a request to (708) 524-6943, payments can be made by using Dominican's eMarket link below and selecting "transcripts."

<https://commerce.cashnet.com/%20domgem>

OFFICE USE ONLY

Transcript sent _____

Amount paid _____

Amount due _____