

Transcript Request Form

Office of the Registrar
Cedarville University
251 N. Main St.
Cedarville, OH 45314
Fax: 937-766-7663

Name (Please Print): _____

Maiden Name and/or Previous Name: _____

Social Security or ID Number: _____

Birth Date: _____

Current Home Address: _____

Current Home Phone Number: _____

Current Email Address: _____

Previous Student Current Undergraduate Student Senior - Anticipated Degree Date _____
 Current Graduate Student

Number of Transcripts Requested: _____ Undergraduate Graduate

Send transcripts to:

1. _____
Name/Organization

2. _____
Name/Organization

Address

Address

Address

Address

Address

Address

Check one:

Send Immediately Hold for posting of semester grades Hold for posting of degree

Purpose of Transcript (Choose One):

Employment Plan to Transfer Grad School Scholarship
 Insurance Transient Study Other: _____

Transcript Fee: \$10 per transcript

Additional Fees (check box if applicable):

\$15.00 RUSH processing (in addition to the \$10.00 transcript fee) Total = \$25.00
 \$40.00 Express Mail service (in addition to the \$10.00 transcript fee) Total = \$50.00
Requests received after 3:00 p.m. EST will be processed on the next business day)

Please charge a total of _____ to the following credit card to cover \$10 per transcript and expedited service, as requested.

Security Code _____ Exp. Date: _____

Name on Credit Card _____ Phone Number _____

Billing Address _____

Please circle one: Master Card Discover Visa

Signature: _____ Date: _____

Transcripts are processed in three to five business days unless otherwise requested.