

Transcript Request Form

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

Name (Please Print): _____

Maiden Name and/or Previous Name: _____

Social Security or ID Number: _____

(Or) Birth Date _____

Current Address: _____

Current Phone Number: _____

Previous Student Current Student Senior - Anticipated Degree Date _____

Number of Transcripts Requested: _____ Undergraduate Graduate

Address(es) transcripts should be sent to:

1. _____ 2. _____

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: _____

Check here for RUSH service
(There is a \$15 charge for rush service - a bill will be sent to your current address.)

Check here for OVERNIGHT service
(There is a \$15 processing fee plus a \$20 Overnight mail fee per address)

Signature: _____ Date: _____

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