# TRANSCRIPT REQUEST FORM

Office of the Registrar, 1216 Sunbury Road, Columbus, OH 43219 phone: 614-251-4650 fax: 614-253-3656 email: registrar@ohiodominican.edu

**HOLDS ON YOUR FILE WILL PROHIBIT THE RELEASE OF YOUR TRANSCRIPT**

Student ID Number: _____ **OR** Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

Maiden Name/other name used at Ohio Dominican: _____ Date of Birth: _____ / _____ / _____

Address: _____

City/State/Zip: _____

Home Phone: (_____)_____ Work Phone:(_____)_____ Cell Phone: (_____)_____

I am requesting my: ☐ undergraduate transcript ☐ graduate transcript ☐ both Dates of attendance: _____ to _____

Type of Transcript:
☐ Unofficial - $3.00 (printed on plain paper). Unofficial transcript may be faxed. Provide fax info below.
☐ Official - $7.00 (printed on official transcript paper, sealed, and mailed to requested address).
☐ Rush - $10.00 (Walk-In Service - receive Official Transcript in a sealed envelope).

Current Students – End of Term ONLY:
Indicate if you would like your transcript held until: ☐ current semester grades are posted ☐ graduation information is posted

Number of Transcripts Requested: _____ (Transcript Fee: see above. Payable in advance by cash, check or debit/credit card.)

Please check one: ☐ cash ☐ check (made payable to Ohio Dominican University) ☐ debit/credit card (provide information below)

Send _____ copy/copies to Current Address listed above. And/or send _____ copy/copies to the address or fax listed below:

School Name/Business Name/Other Name: _____

Department/Office/Attention to: _____

Address: _____

City/State/Zip: _____

Please fax Unofficial Transcript ONLY, Attention to: _____ Fax number: (_____)_____

I understand there is a fee for each transcript (see fee structure above), payable in advance. I also understand that my transcript cannot be processed if there is a hold on my file. This form MUST be signed before this transcript request can be processed.

Signature: _____ Date: _____

FOR OFFICE USE: Transcript processed by _____ Date _____ Amount $_____ paid $_____owed

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For your protection, this portion of the form will be detached and processed in our Business Office.

Name _____ ID# _____ Amount Paid $_____

☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ ☐Master Card ☐Visa ☐Discover Exp Date: ___ / ___

Signature _____ Date _____