



**JOHN PAUL
THE GREAT**
CATHOLIC UNIVERSITY

OFFICE USE ONLY	amt. paid	received
no holds	pay method	completed
		/ /
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TRANSCRIPT REQUEST

Please print legibly. A transcript request will not be processed for a student who is delinquent to the university.

Student Information

Last Name		First	Middle	Previous Last Name(s)
Current Address		City	State	Zip
Email Address		Phone		
Date of Birth: _____ / _____ / 20____	Dates of Attendance: _____ / 20____ to _____ / 20____		leave blank if currently attending	
	month	day	year	month
				year

Transcript Request

TRANSCRIPT SHOULD BE PROCESSED

- Now** although some grades might be missing **Hold** for current quarter grades

DELIVERY METHOD OF TRANSCRIPT

- Printed copy by U.S. Mail In-person pick up
- Rush delivery by US Mail (\$30 surcharge + normal \$10 fee)

DESTINATION FOR TRANSCRIPT

FULL NAME OF UNIVERSITY OR BUSINESS	FULL NAME OF UNIVERSITY OR BUSINESS
ATTN. (OPTIONAL)	ATTN.
ADDRESS	ADDRESS
CITY • STATE • ZIP	CITY • STATE • ZIP

Payment

Any request that does not have payment enclosed will not be processed. Official transcript fee is \$10 per address, per request. Returned checks due to insufficient funds will result in a service charge of \$25.00.

Number: _____ × \$10.00 = Total \$ _____

Payment Enclosed: Check Cash Credit Card (contact our Finance Dept. to pay with a card)

Signature

Transcript cannot be processed without a signature. A typed name does not count for a digital signature.

Student Signature: _____ date _____ / _____ / _____