

**CASE WESTERN RESERVE UNIVERSITY
TRANSCRIPT REQUEST FORM**

| | |
|----------|-------|
| Amt pd. | _____ |
| Date | _____ |
| Initials | _____ |

SS#/ID _____ SIGNATURE (signing another person's name constitutes fraud) _____ DATE _____
 Daytime Phone# _____
 Name: _____
Last (Family Name) First Middle Email address: _____

Current Address: _____
Street (Apt#) City State Zip

| | | | | |
|-----------------------------------|---|---|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Issue to student | <input type="checkbox"/> Mail transcript <i>as is</i> | <input type="checkbox"/> Hold transcript for: | <input type="radio"/> current semester grades |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Check | Number of copies? _____ (\$5 per copy) | | <input type="radio"/> degree posting for _____ degree |
| <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | | | <input type="radio"/> grade change _____ |
| | | | | <i>dept course sem/yr</i> |

Credit card number: _____ CCV # _____ Exp. Date: _____
 Signature of Cardholder: _____ Billing Street Address _____
 (If using a credit card, you may fax your request to: (216) 368-8711)

| | | |
|--|--------------------------------|------------------------------------|
| Currently Enrolled? Y N Year _____ | CWRU school(s) attended: _____ | Other name(s) while at CWRU: _____ |
| First attended CWRU: Fal Spr Sum _____ | school last sem/yr degree | _____ |
| Last attended CWRU: Fal Spr Sum _____ | school last sem/yr degree | _____ |

MAIL TRANSCRIPT TO: (please print **complete** mailing address)

- Allow at least 3 working days for processing
- Outstanding financial obligations will prevent release of transcript
- University policy requires all academic work to appear on the CWRU transcript (undergraduate, graduate, professional)

*Office of the University Registrar Cleveland, OH 44106-7042
 10900 Euclid Avenue (216) 368-4310*