



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
TRANSCRIPTS WILL NOT BE HELD FOR GRADES OR GRADUATION**

Student ID Number: _____ OR Last Four Digits of SSN: _____

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 - \$4.00 (printed on plain paper). Unofficial transcript may be faxed. Provide fax info below.
 Official - \$10.00 (printed on official transcript paper, sealed, and mailed to requested address).
 Rush - \$12.00 (Walk-In Service - receive Official Transcript in a sealed envelope).

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

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 _____