Clarion University of Pennsylvania
Official Transcript Request Form

Transcript Request Form Instructions:
1. Students must type directly on this form or print legibly.
2. Form may be faxed, mailed, or scanned to:
   Clarion University Registrar's Office
   840 Wood Street
   Clarion, PA 16214
   Fax: (814)393-2039
   registrar@clarion.edu

PLEASE NOTE:
- There is a **LIMIT OF 3 TRANSCRIPTS PER REQUEST!** We will only accept **ONE REQUEST PER DAY!**
- Multiple daily requests will not be honored or held.
- In most cases, transcripts will be processed within 3 business days.
- Requests will **NOT** be honored for a person who has a financial hold or another obligation to the University.
- The student **MUST** provide written permission if someone else will be picking up their transcript.
- Your **ENTIRE** academic transcript will be sent (this would include all careers at Clarion).

STUDENT INFORMATION

Student Signature _____ **Date** _____

*Federal law requires that the student sign & date this request.

Current Name _____
*If you want your name changed on your record, you must complete the name change form available at: www.clarion.edu/registrar/forms

All Former Names _____ Clarion ID or SSN _____

Current Address _____ City _____ State ___ Zip Code ___

Daytime Phone _____ Dates of Attendance/Graduation _____

TRANSCRIPT ORDER INFORMATION

Total number of copies requested _____ **(limit 3)**
Transcripts sent via electronic delivery will NOT be sent via regular mail also.

If transcripts are being sent to you, we will mail to the address noted in the student information section. **Please indicate # of copies being mailed to you.** _____

If you need the transcripts in separately sealed envelopes, please check here. ☐

Electronic transcript delivery is a delivery method Clarion is offering via eSCRIP-SAFE. Transcripts to institutions that are participating in the eSCRIP-SAFE network will be delivered electronically. To see a list of institutions that we can send electronic transcripts to, view the eSCRIP-SAFE network membership list. If the institution is not on this list or if you would like your transcript sent to an individual, please provide the name and email address of the recipient and we will deliver it electronically through eSCRIP-SAFE's out of network service. **This service is ONLY available for students who attended Fall 1985 to present.**

Indicate email address for confirmation of electronic delivery only _____

1. Select ONE Delivery Method: ◯ Regular Mail   ◯ Electronic Delivery (Email)   ◯ Pick Up in Person (*Photo ID is required*)

When to Process: (Select ONE) ◯ Immediately   ◯ After Grades *(semester)* _____   ◯ After degree *(semester)* _____

Name of recipient/institution _____ ATTN/Office _____

E-mail or Mailing Address _____

Address 2 _____ City _____ State ___ Zip Code ___

2. Select ONE Delivery Method: ◯ Regular Mail   ◯ Electronic Delivery (Email)   ◯ Pick Up in Person (*Photo ID is required*)

When to Process: (Select ONE) ◯ Immediately   ◯ After Grades *(semester)* _____   ◯ After degree *(semester)* _____

Name of recipient/institution _____ ATTN/Office _____

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Address 2 _____ City _____ State ___ Zip Code ___

3. Select ONE Delivery Method: ◯ Regular Mail   ◯ Electronic Delivery (Email)   ◯ Pick Up in Person (*Photo ID is required*)

When to Process: (Select ONE) ◯ Immediately   ◯ After Grades *(semester)* _____   ◯ After degree *(semester)* _____

Name of recipient/institution _____ ATTN/Office _____

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