

# TRANSCRIPT REQUEST

Registrar's Office  
Alverno College  
PO Box 343922  
Milwaukee, WI 53234-3922  
414-382-6370  
Fax 414-382-6478  
**registrar@alverno.edu**

Please PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Student # or SS # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Other names used at Alverno \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
Graduation Date \_\_\_\_\_ Academic Program \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Signature required for  
release of transcripts.*

## STANDARD SERVICE

- \$5.00 per transcript – due at time of request
- Transcript mailed or ready for pick-up within 24-48 hours
- **NUMBER OF “STANDARD SERVICE” TRANSCRIPTS REQUESTED:** \_\_\_\_\_

## RUSH SERVICE

- \$10.00 per transcript – due at time of request
- Transcript available the same day – usually within 1 hour
- Service available 8:30 – 4:00 Monday through Friday
- **NUMBER OF “RUSH SERVICE” TRANSCRIPTS REQUESTED:** \_\_\_\_\_

If transcript is to be mailed, provide complete name and address of recipient(s):

_____
_____
_____
_____

_____
_____
_____
_____

If an official transcript is to be picked up or mailed to you, select one of the following:

- ☐ Stamp the transcript “Issued to Student” (Some institutions will not accept such transcripts)  
☐ Place the transcript in a sealed envelope

## Special instructions:

- ☐ Send now  
☐ Hold for pick-up (If another person is picking-up,  
list name of person-person must show picture id)  
☐ Send after semester results are posted

## Purpose of transcript:

- ☐ Employment  
☐ Transfer  
☐ Grad School \*  
☐ Other \_\_\_\_\_ (please specify)

\*If you are requesting transcripts for grad school, or are in a pre-professional program, a preliminary narrative may be necessary.  
Please ask to speak to the Assistant Registrar to request your preliminary narrative. (Not needed if you have graduated.)

## OFFICE USE ONLY

Amount Paid \_\_\_\_\_  
Holds Checked \_\_\_\_\_  
Date \_\_\_\_\_  
TRRQ \_\_\_\_\_

Discover ☐ MasterCard ☐ Visa ☐ (check one)

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

**IF FAXING YOUR REQUEST,  
YOU MUST INCLUDE YOUR  
CREDIT/DEBIT CARD  
INFORMATION--AFTER  
FAXING YOUR REQUEST  
PLEASE CALL TO ENSURE  
YOUR FAX WAS RECEIVED**