



DUQUESNE UNIVERSITY

Transcript Request Form

Last four digits of SSN: _____

Last Name First Middle

Any other name(s) under which you were enrolled

Current Address

City State Zip

SIGNATURE Date
(Required for transcript release)

CURRENTLY ENROLLED? YES NO

Daytime phone and email where you can be reached during normal business hours:

FIRST ATTENDED:	Term: Year:
LAST ATTENDED:	Term: Year:

DELIVERY OPTIONS Please check all that apply below:

I will **pick up** transcript on _____

Note: Transcripts issued to students are marked accordingly.

Mail **Fax** or **Express-Mail*** transcript to: (INCLUDE FAX CONTACT NAME AND NUMBER)

Note: Faxed transcripts are not considered to be official.

Mail transcript when the following are posted:

Grades for _____ term

Grade change for _____ / _____
course term

Degree awarded _____ term

Number of transcripts requested: _____
(Maximum 5 per business day)

All Duquesne University financial obligations must be met before transcripts are released.

*Fees are not charged for transcripts. Express-mail charges apply and must accompany transcript request. See www.duq.edu/transcripts for details.

Return request form to:
Duquesne University
Office of the Registrar
600 Forbes Avenue
Pittsburgh, PA 15282
412.396.6212 phone
412.396.5622 fax

CHECK SCHOOL(S) ATTENDED	
<input type="checkbox"/> Liberal Arts	<input type="checkbox"/> Grad Arts
<input type="checkbox"/> Business	<input type="checkbox"/> Grad Business
<input type="checkbox"/> Education	<input type="checkbox"/> Grad Education
<input type="checkbox"/> Music	<input type="checkbox"/> Grad Music
<input type="checkbox"/> Nursing	<input type="checkbox"/> Grad Nursing
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Law
<input type="checkbox"/> Health Sciences	<input type="checkbox"/> Grad Science
<input type="checkbox"/> Natural Science	<input type="checkbox"/> Leadership and Professional Adv

OFFICIAL USE ONLY

Received by: _____ Date: _____

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Date Sent: _____