

420 Boulevard of the Allies, Pittsburgh, PA 15219 Fax: (412) 263-3715 Phone (412) 291-6200

Transcript Request Form

Student's Name:	Maiden Name/ Other:
Social Security No:	ID No:
Date:	# of copies: Cost: <u>\$5.00</u>
☐ Currently Enrolled ☐ Degree Program ☐ Continuing Education Program ☐ Not Currently Enrolled	
CURRENT STUDENTS ONLY: Would you like the current quarter included? ☐yes ☐ no If answered "yes" please note that your transcript will not be sent until after the quarter ends.	
Dates Attended:	Major and Degree
Current Address	
Address	Apt
City State	e Zip
Phone ()	e-mail
Send To School/Other Current Address	
School/Name	Attn:
Street 1	Street 2
City	State Zip
Phone/Fax: ()	Ext
Signature (required for transcript release)	
Student Accounting Approval	Date

No transcript shall be issued to or for a student who is indebted to the Institute until such indebtedness has been satisfied in full. There is a \$5.00 fee per transcript copy. The fee must be rendered before the transcript will be processed.