AULTMAN College
OF NURSING AND HEALTH SCIENCES

OFFICIAL TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR
2600 Sixth Street S.W.
Canton OH 44710

Phone:330-363-1232
Fax: 330-580-6654

For Office Use Only	*Fee Paid:* *Rcvd by*_____
_____ *Date Received*	❒ Cash
_____ *Date Processed*	❒ Check #_____
	❒ Visa ❒ MC ❒ Am. Express

- This form may be faxed or mailed. Your transcripts will not be released if you have a financial obligation to Aultman College of Nursing and Health Sciences.
- **$5.00** fee for official transcripts for former students and alumnus. Fee payment and student signature required at time of request of official transcript.
- Use a separate form for each transcript *if being sent to different places.*
- Official transcripts sent directly to a student are marked "Official Transcript Issued to the Student" and may not be accepted by a third party.
- Faxed transcripts may be considered unofficial copies by receiving parties.
- Allow 3-5 working days for regular processing.
- Allow 7-10 working days at peak periods such as the end of semester, commencement, and registration.
- Allow 7-10 working days if you attended prior to 1979.

Fill out completely.

FIRST NAME	M.	LAST NAME	PREVIOUS NAME IF APPLICABLE	SOCIAL SECURITY NUMBER

STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE

Academic Program: Currently enrolled at Aultman College: ❒ yes ❒ no

Dates attended: __ __/__ __/ __ __ to __ __/ __ __/ __ __

_____ STUDENT SIGNATURE _____ DATE

(I authorize Aultman College of Nursing and Health Sciences to release my academic transcript and I certify that I am the above individual requesting my transcript.)

❒ Mail ❒ Pick –up (photo ID required) ❒ Fax

NAME (ATTENTION TO)	SPECIAL REQUESTS:
COMPANY/SCHOOL	
STREET ADDRESS	
CITY, STATE, ZIP	
FAX NUMBER	