



OFFICIAL TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR

2600 Sixth Street S.W.
Canton OH 44710

Phone: 330-363-6347

Fax: 330-580-6654

<i>For Office Use Only</i> _____ <i>Date Received</i> _____ <i>Date Processed</i>	Fee Paid: <i>Rcvd by</i> _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover
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- 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.
- Allow 3-5 working days for regular processing.
- Allow 7-10 working days at peak periods such as the beginning/end of semester 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 CODE
EMAIL		HOME PHONE	CELL PHONE	
Academic Program:			Currently enrolled at Aultman College: <input type="checkbox"/> yes <input type="checkbox"/> no	
Dates attended: ___/___/___ to ___/___/___			Academic Level: <input type="checkbox"/> Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors	
_____		_____		
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.)				
<input type="checkbox"/> Mail (You are responsible for the address) <input type="checkbox"/> Pick-up (photo ID required)				
NAME (ATTENTION TO)			SPECIAL REQUESTS:	
COMPANY/SCHOOL			<input type="checkbox"/> Hold for current term grades	
STREET ADDRESS			<input type="checkbox"/> Hold until degree is conferred	
CITY, STATE, ZIP				