



## OFFICIAL TRANSCRIPT REQUEST FORM

**OFFICE OF THE REGISTRAR**

2600 Sixth Street S.W.  
 Canton OH 44710  
 Email: Registrar@aultmancollege.edu  
 Phone: 330-363-6347  
 Fax: 330-580-6654

<i>For Office Use Only</i>  _____ <i>Date Received</i>  _____ <i>Date Processed</i>	<i>Fee Payment Received 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 emailed, faxed, or mailed. Email the form to expedite the process.
  - 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.
- Your transcripts will not be released if you have a financial obligation to Aultman College.
- **\$5.00** fee for official transcripts for former students and alumni.
  - 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.

<b>Fill out completely.</b>					
FIRST NAME	M.	LAST NAME	PREVIOUS NAME IF APPLICABLE	DATE OF BIRTH	
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)		
ATTENTION TO: (PLEASE LIST A SPECIFIC PERSON OR DEPARTMENT)			<b>SPECIAL REQUESTS:</b>		
SCHOOL/COMPANY			<input type="checkbox"/> Hold for current term grades		
STREET ADDRESS			<input type="checkbox"/> Hold until degree is conferred		
CITY, STATE, ZIP					