



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.

Fill out completely.				
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)		
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				