

TRANSCRIPT REQUEST

Transcripts will be processed after all financial obligations are met.

Since an original signature is required, no fax or e-mail requests can be accepted. If your transcript request can not be processed you will be notified by mail.

IDENTIFYING INFORMATION

First _____ Middle Initial _____ Last _____

Maiden/Former Name _____ Social Security _____

Student ID# _____ Date of Birth (mm/dd/yyyy) _____

Daytime phone number _____ Home number _____

Current Address _____

City _____ State _____ Zip _____

Dates of Attendance _____

TRANSCRIPT NEEDED:

Send official transcript to the above address.

Graduate

Undergraduate

_____ # OF COPIES

_____ # OF COPIES

PROCESSING INFORMATION

\$1 Regular Processing Fee (Non-Refundable)

\$15 Priority Processing Fee (In addition to the \$1 regular processing fee per copy.)—Allow at least 2 days for delivery.

PICK-UP - PHOTO ID REQUIRED (CHICAGO CAMPUS ONLY)

_____ Official Transcript

_____ # OF COPIES

SEND TRANSCRIPT TO

Please print clearly. Unfortunately, we cannot guarantee delivery by a certain date when the transcript is sent via U.S. mail.

Send _____ official to
_____ # OF COPIES

Company/Firm/School _____

Address _____

City _____

State _____ Zip _____

Company/Firm/School _____

Address _____

City _____

State _____ Zip _____

I authorize Robert Morris College to release the transcript(s) as indicated above.

Signature _____ Date _____

If you have any questions please call (312) 935-4150.

OFFICE USE ONLY

Amount paid: _____

Taken by: _____

Payment hold: _____



ROBERT MORRIS COLLEGE