



TRANSCRIPT REQUEST FORM

The Office of Registrar will only issue Official Transcripts. The cost of an Official Transcript is **\$5.00 per copy**.

I. Student Information: (Please Print)

Last 4 Digits of SSN	Carlow ID Number	Date of Birth
Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
E-Mail Address		Phone Number
Maiden/Former Name(s)		Date Graduated/Last Date Attended
Release- (Student Signature Only)		Date

Please mail this request to:
 Student Hub Department
 3333 Fifth Avenue
 Pittsburgh, PA 15213
 Phone: 412-578-6389

To make payment:
 412-578-6052
We DO NOT Fax Transcripts

1. **The transcript process takes 2 business days to complete. We cannot accommodate same day requests or walk-ins.** An Official Transcript will be issued only upon the written request of the student in accordance with the Family Education Rights and Privacy Act of 1974 as amended.

2. No transcript will be released on behalf of a student who has not fulfilled his/her financial obligation to the university. Transcript request forms that have missing information, or are not legible will be returned. If there is any problem processing a student's transcript request, an attempt will be made to contact the student. If the problem cannot be resolved, or the student cannot be contacted, the request form will be returned to the student.

3. If the appropriate fee is not included, the transcript request form will not be processed and returned to the student. There is not a charge for transcripts: 1) That are needed for a scholarship application as long as the name of the scholarship is provided under Mailing Instructions. This applies even if the student is picking up the transcript. 2) That are needed to take a course off campus to transfer back to Carlow as long as the student presents the Registrar's Office with a copy of the completed Permission To Take Course Off Campus form obtained from the Office of the Registrar.

4. The university mails transcripts via the General United States Postal Service System. Any special handling, express mail service, or overnight delivery is the responsibility of the student.

II. Mailing Instructions:

Name of College/Business/Person
Department/Building
Street Address
City State Zip Code

Please do not mail transcript, I will pick it up:

III. Processing Information:

1. Number of Official Transcript copies for this request: _____

2. Check all that apply:

Process immediately

Hold until the following semester grades are posted:

Fall Spring Summer

Hold until the following semester degree is conferred:

Fall Spring Summer

If you have taken a course(s) from the Teacher Education Institute and would like your transcript to reflect specific courses please list those courses so we can verify those courses are on the transcript: