FRANCISCAN UNIVERSITY OF STEUBENVILLE
1235 University Blvd., Steubenville, OH 43952

TRANSCRIPT REQUEST
REGISTRAR'S OFFICE

GENERALLY TRANSCRIPTS ARE MAILED WITHIN 2 BUSINESS DAYS OF RECEIPT OF A REQUEST
IMPORTANT: PREPARE ONE REQUEST FORM FOR EACH ADDRESS

STUDENT INFORMATION: (Please print clearly)

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL	MAIDEN/PREVIOUS NAME

☐ **I am requesting a name change on school documents. Legal documentation must be provided (i.e. copy of marriage license, drivers license, social security card)**

STUDENT ID NUMBER	SOCIAL SECURITY #	DATE OF BIRTH	DATES OF ATTENDANCE AT UNIVERSITY

CURRENT ADDRESS	TELEPHONE NUMBER
_____	
_____	

PROCESSING INSTRUCTIONS: (Please print clearly)

NUMBER OF TRANSCRIPTS REQUESTED: OFFICIAL _____ (with University seal) UNOFFICIAL _____ (Limit one copy)

TYPE(S) OF TRANSCRIPT(S) NEEDED: (Please circle all that apply) UNDERGRADUATE AND/OR GRADUATE (BUS / CSL / EDU / NUR / PHL / THE)

CHOOSE ONE OF THE FOLLOWING: (circle one)

SEND IMMEDIATELY HOLD FOR PICK-UP: _____ (Date & Time)

HOLD UNTIL THE GRADES FOR _____ SEMESTER ARE POSTED

HOLD UNTIL STATEMENT OF DEGREE IS POSTED

MAIL TO: (print clearly)

Name/Organization: _____

Address: _____

_____

If requesting a personal, unofficial copy, please indicate mailing address here:

_____

_____

_____

Transcripts issued to you will be stamped "Issued to Student." There is a $2.00 charge for each official transcript you request. There is no charge for an unofficial copy. Make checks or money order payable to Franciscan University. Lack of payment or required signature will cause a delay in processing. Financial obligations to the University must be paid before official transcripts are released.

STUDENT'S SIGNATURE (Required For Processing): _____

TOTAL PAYMENT ENCLOSED: _____ **TODAY'S DATE:** _____
(Checks made payable to Franciscan University of Steubenville)

Send with payment to:
Franciscan University of Steubenville, Registrar's Office, 1235 University Blvd., Steubenville, OH 43952

FOR OFFICIAL USE ONLY:

DATE REQUEST RECEIVED:		DATE TRANSCRIPTS SENT:		
AMOUNT PAID: _____	CASH	CHECK	MONEY ORDER	CHARGE CODE _____
ACCOUNT CLEAR: Y N	HOLD TRANSCRIPT:			