



Office of the Registrar

P.O. Box 634

Immaculata, PA 19345 – 0634

Phone: (610) 647-4400 x3095 Fax: (610) 647-7073

OFFICIAL TRANSCRIPT REQUEST

Transcripts are not released when there is indebtedness to the University.

Your information (please print):

NAME: _____ DATE: _____

DAYTIME PHONE: _____ CELL PHONE: _____

SIGNATURE (Required by Law): _____

ADDRESS: _____

E-MAIL: _____

IMMACULATA ID # _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

DATE OF BIRTH: ____ - ____ - ____

FORMER NAME: _____

ATTENDANCE DATES: _____ to _____

SEND TRANSCRIPT(S) TO:

PLEASE PROCESS MY REQUEST:

- Send _____ (#) transcript(s) to **me** at address above
- Pick-up – You will be called at the phone number above when ready.
- Send transcript(s) to the following address(es):

- Upon receipt – Please allow one week for processing
- After Final Grades are posted for Current Term
- After Degree Date is recorded

Please include Recipient Name, COMPLETE address(es), number of transcripts to be mailed and any special instructions. For additional addresses please include a supplemental page or use reverse side.

Indicate # of copies to this address: _____

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PAYMENT: The fee is \$5.00 per transcript: (Please make checks payable to: Immaculata University)

cash check # _____ money order # _____

credit card # _____ expiration date _____

FOR OFFICE USE ONLY:

AMOUNT PAID	DATE	INITIALS	SENT
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