

Unofficial Transcript Request

	Name: Last	First	M.I.	Maiden Name
Daytime Phone Number Birth Date Student ID Social Security Number Did you receive a degree? Yes	Street Address			
Office of the University Registrar If no, do you intend to return to Point Park University? Yes	City		State	ZIP
Office of the University Registrar I hereby give my permission to release my transcript to the name and address shown Send transcripts to: Contact Person (Required) University, College or Company Name Street Address City State ZIP Pick-up: Date Mail copies: Now End of Term After Degree Conferral Number of unofficial copies: After Degree Conferral Number of unofficial copies: Printsburgh, PA 15222 Instructions • Complete separate requests for each address to which transcripts are to be sent. • Processing time is three to five business days. One business day notice is required in order to pick up transcripts at the Registrar's Office. • Transcripts will not be faxed or emailed. • No transcript will be issued for students or alumni whose financial obligation to the University has not been satisfied. • Please Note: Transcripts will not be released to parents, spouses, other relatives, or friends without written permission of the student. • Please limit your request to five unofficial transcripts. DO NOT WRITE BELOW THIS LINE	Daytime Phone Number	Birth Date	Student ID	Social Security Number
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