

TRANSCRIPT REQUEST

Please print clearly.

POINT PARK UNIVERSITY
Office of The Registrar
201 Wood Street
Pittsburgh, PA 15222

Phone: 412-392-3865 • Fax: 412-392-8062

Last First Middle

Street Address

City & State Zip Code

Daytime Phone Number

Birth date Student ID Social Security Number

Did you receive a degree? Yes No Last year attended: _____



Send transcripts to:

Contact Person (Required)

University, College or Company Name

Street Address

City & State Zip Code

Mail copies: Now End of Term After Degree Conferral

Number of official copies: _____ Number of unofficial copies: _____

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.
- **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 transcripts.

DO NOT WRITE BELOW THIS LINE

For office use only:

Financially cleared: Yes No Student Accounts Approved: _____ Date: _____

Date Received: _____ Date Mailed: _____ Date Logged: _____

I hereby give my permission to release my transcript to the name and address shown.

Student Signature (Required)

Date