

Please print clearly.

Name: Last First M.I. Maiden Name

Street Address

City State ZIP

Daytime Phone Number Birth Date Student ID Social Security Number

Did you receive a degree?
 Yes No Last Year Attended: _____

If no, do you intend to return to Point Park University?
 Yes No Maybe

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: _____

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

For office use only:

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

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

Office of the University Registrar

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

Student Signature (Required)

Date

**Point Park University
Office of the University Registrar
201 Wood Street
Pittsburgh, PA 15222**