

Transcript Request Form



Office of the Registrar · 2700 Glenway Avenue · Cincinnati, OH 45204 · 513.244.8170 · fax: 513.244.8453

Requests may be filled out in person, mailed or faxed to the Registrar's Office. In accordance with the Family Educational Rights and Privacy Act (FERPA), your signature is required to complete this request.

Fees: <input type="checkbox"/> Same Day \$25 (<i>on campus only</i>) <input type="checkbox"/> 48 Hours: \$10 (<i>indicate payment method below</i>) ___ Check/Cash enclosed ___ Paid online www.afford.com/ccuniversity <input type="checkbox"/> Regular Weekly Processing: No Charge	Special Requests: <input type="checkbox"/> Hold for Final Grades <input type="checkbox"/> Hold for Final Degree <input type="checkbox"/> Other _____
Please allow 5-7 days for regular processing	

Student Information (*Please Print*) Student ID: _____

Last Name: _____ First Name: _____ M.I. _____

Former/Maiden Name(s): _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Email Address: _____ Phone: _____

Enrollment History	Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years of Attendance: From _____ To _____

Transcript Options

<input type="checkbox"/> Mail	Number of Copies: _____
	Organization (if applicable): _____
	Address: _____
	City, State, Zip: _____
	Attention: _____

<input type="checkbox"/> Fax	Name: _____
	Fax Number: _____
<i>Faxed transcripts are not considered "official"</i>	

<input type="checkbox"/> Hold for Pick-up	Number of Copies: _____
	Pick up Date / Approx. Time: _____
<i>Please allow time for processing</i>	

Please Sign and Date Below:
<u> X </u> _____ Date: _____

All Financial obligations to Cincinnati Christian University must be satisfied before transcripts will be released

Reason For Request:
<input type="checkbox"/> Transfer <input type="checkbox"/> Graduate School
<input type="checkbox"/> Employment <input type="checkbox"/> Other _____

Office Use Only
Date Issued: _____ Initials: _____
Amt Paid: _____ Initials: _____