



TRANSCRIPT REQUEST

Student ID or SSN: _____ Date of Birth: _____
Name: _____ Previous Names: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

My hand-written signature authorizes the Registrar's Office to release the information listed below. **NOTE: we do not accept electronic font for your signature. Signatures must be hand-written.**

Signature: _____ Date: _____

I am currently or have attended (check only one):

Alverno College Columbia College of Nursing BSN (2012-2020)
 Columbia St. Mary's Radiologic Tech Columbia St. Mary's Medical Sonography

Number of Total Transcripts (**FEE is due at the time of request**):

Number of **Standard Service** (10-14 business days for processing; **\$5** per transcript)

Number of **RUSH Service** (7 business days for processing; **\$15** per transcript)

Select One:

Place transcript in sealed envelope **OR** Stamp transcript "Issued to Student"

Select One (Transcripts cannot be emailed or faxed):

Pickup by me Mail to me at address above Hold for Semester Results

Pickup by another person listed below Mail to another person at address below

Mail to (include Name and Address of recipient):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

OR transcript picked up by another person (will be required to show valid photo ID):

Name of individual: _____

Payment is due with your request. We accept cash, check or credit card. If paying by card:

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Return your form using a method below. Please call after submitting to ensure your request was received.

Registrar's Office

Alverno College

PO Box 343922

Milwaukee, WI 53234-3922

Phone: 414-382-6370

Fax: 414-382-6478

registrar@alverno.edu

OFFICE USE ONLY

Holds Checked: _____

Amount Paid: _____

Date: _____

TRRQ: _____