

TRANSCRIPT REQUEST

Registrar's Office
Alverno College
PO Box 343922
Milwaukee, WI 53234-3922
414-382-6370

Fax: 414-382-6478
*Please call after faxing to ensure
your request was received*

registrar@alverno.edu

Student ID or SSN: _____

Name: _____

Previous names: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ **Date:** _____

_____ **Number of Transcripts/FEE DUE AT TIME OF REQUEST**

_____ Standard service (3-5 business days; **\$5** per transcript; mailed or picked up)

_____ Rush service (same day; **\$15** per transcript; mailed or picked up)

Select one (if being picked up or mailed to you):

___ Place transcript in **sealed envelope**

___ **Stamp Issued to Student**

Select one:

___ Hold for semester results

___ Pick up (**if another person is picking up, list name of person-person must show photo id**)

___ Mail immediately

Mail to (Name And Address of Recipient):

_____ _____ _____

We accept cash, check, or credit card. If paying by card:

Number _____

Expiration date: ____/____

CVV: _____

OFFICE USE ONLY
Amount Paid _____
Holds Checked _____
Date _____
TRRQ _____