

# OFFICIAL TRANSCRIPT REQUEST

## 1. Personal Info.

Student ID or SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Previous names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. I am a graduate/attendee of:

Alverno College

Columbia St. Mary's Radiologic Tech

Columbia College of Nursing BSN (2012-2020)

Columbia St. Mary's Medical Sonography

## 3. Number of Transcripts/FEE DUE AT TIME OF REQUEST

\_\_\_\_\_ STANDARD SERVICE (3-5 business days; **\$5 per transcript**; mailed or picked up)

\_\_\_\_\_ **RUSH SERVICE (NOT OFFERED DURING COVID-19 PANDEMIC)**

## 4. Delivery Options. Check one of the delivery options and follow the instructions.

\_\_\_\_\_ **Deliver Transcript(s) to Me**

**A. Choose One:**  Mail to me

Pick up

*NOTE: If another person is picking up your transcript, that person must show photo ID. Write that person's name on the line:*

\_\_\_\_\_

**B. Choose One:**  Stamp "Issued to Student"

Place in sealed envelope

*NOTE: Some institutions will **not** accept "Issued to Student" transcripts.*

**C. Choose One:**  Process now

Process after semester results

\_\_\_\_\_ **Deliver Transcript(s) to Address Below**

**A. Include Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Choose One:**  Process now

Process after semester results

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

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Registrar's Office

Alverno College

PO Box 343922

Milwaukee, WI 53234-3922

**Phone: 414-382-6370**

**Fax: 414-382-6478**

[registrar@alverno.edu](mailto:registrar@alverno.edu)

OFFICE USE ONLY

Holds Checked: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

TRRQ: \_\_\_\_\_