

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 (10-14 business days; **\$5 per transcript**; mailed or picked up)

_____ RUSH SERVICE (7 business days; **\$15 per transcript**; mailed or picked up)

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

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