ALVERNO COLLEGE

Unofficial Transcript Request

Student ID or SSN: _____ **Date:** _____ ◯ **UG** ◯ **GR**

Name: _____ **Previous Names:** _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____

Email: _____ **Date of Birth:** _____

My signature authorizes the Registrar's Office to release all information listed below:

The Unofficial Transcript may contain your name, date of birth, last four digits of SSN, the terms for which you were enrolled, courses successfully completed, credits completed, and graduation date, as applicable.

Signature: _____ **Date:** _____

Select One:

◯ Pickup ◯ Mail to me at address above ◯ Email to me at email address above

Submit this form to the Registrar's Office in FO144 or use one of the methods listed below:

Electronic: registrar@alverno.edu.

Mail: **Registrar's Office**
Alverno College
PO Box 343922
Milwaukee, WI 53234-3922

Fax: 414-382-6478

Registrar's Office Contact Information
Phone: 414-382-6370
Fax: 414-382-6478
registrar@alverno.edu

OFFICE USE ONLY
Date Received: _____
Initials: _____
Date Completed: _____