

## **Unofficial Transcript Request**

Name: Previous Names:	Student ID or SSN:			Date:		UG	GR
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 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.  Wail: Registrar's Office  Alverno College PO Box 343922	Name: Previous Names:						
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Electronic: registrar@alverno.edu.  Mail: Registrar's Office     Alverno College     PO Box 343922	гіскир	Mail to the at address a	pove En	iaii to ffie at ei	nan audress abt	ove	
Mail: Registrar's Office Alverno College PO Box 343922	Submit this forr	n to the Registrar's Offic	ce in FO144 or	use one of th	e methods liste	ed below	<u>r:</u>
Alverno College PO Box 343922	Electronic: regis	strar@alverno.edu.					
	Alverno Co PO Box 34	ollege 13922					
Fax: 414-382-6478	<b>Fax:</b> 414-382-6	478					

**Registrar's Office Contact Information** 

Phone: 414-382-6370 Fax: 414-382-6478 registrar@alverno.edu

OFFICE USE ONLY				
Date Received:				
Initials:				
Date Completed:				