

URSINUS COLLEGE
P.O. BOX 1000
COLLEGEVILLE, PA 19426

TRANSCRIPT REQUEST

TRANSCRIPTS OR CERTIFICATIONS MAY BE WITHHELD IF OVERDUE OBLIGATIONS TO THE COLLEGE HAVE NOT BEEN SATISFIED

Transcript Fee - \$2.00 each

PLEASE PRINT CLEARLY

STUDENT'S SOCIAL SECURITY NUMBER _____		BIRTHDATE _____	
LAST	FIRST	MIDDLE	MAIDEN/PREVIOUS
STREET		TELEPHONE NUMBER	
CITY		STATE	ZIPCODE

DATE OF ENROLLMENT AT URSINUS COLLEGE:

FIRST ENROLLED (Month/Year) _____ LAST ENROLLED (Month/Year) _____

DIVISION: Day or Evening _____

GRADUATION DATE: _____ DEGREE OBTAINED _____

_____ Hold until grades are available this term _____ Send Immediately

_____ Hold until _____ degree is posted to record _____ Pick up (2 working days)

_____ Hold for the following correction: _____

Please mail _____ transcript(s) to: _____

_____ transcript(s) to: _____

_____ transcript(s) to: _____

STUDENT'S SIGNATURE REQUIRED

TODAY'S DATE

Due to the family rights and privacy act of 1974, a student's signature is required for release of a transcript.