

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 \_\_\_\_\_

Purpose of Request: \_\_\_\_\_  
(Grad School; Scholarship; Employment; Transfer; etc.)

\_\_\_\_\_ 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.