

# Clarion University of Pennsylvania

## Official Transcript Request Form

### Transcript Request Form Instructions:

1. Students must type directly on this form or print legibly.
2. Form may be faxed, mailed, or scanned to:  
Clarion University Registrar's Office  
840 Wood Street  
Clarion, PA 16214  
Fax: (814)393-2039  
[registrar@clarion.edu](mailto:registrar@clarion.edu)

### PLEASE NOTE:

- There is a **LIMIT OF 3 TRANSCRIPTS PER REQUEST!** We will only accept **ONE REQUEST PER DAY!**
- Multiple daily requests will not be honored or held.
- In most cases, transcripts will be processed within 3 business days.
- Requests will **NOT** be processed for anyone who has a financial hold or another obligation to the University
- The student **MUST** provide written permission if someone else will be picking up their transcript.
- Your **ENTIRE** academic transcript will be sent (this would include all careers at Clarion).

## STUDENT INFORMATION

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Federal law requires that the student sign & date this request.**

Current Name \_\_\_\_\_

\*If you want your name changed on you record, you must complete the name change form available at: [www.clarion.edu/registrar/forms](http://www.clarion.edu/registrar/forms)

All Former Names \_\_\_\_\_ Clarion ID# or SSN \_\_\_\_\_

Current Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Attendance/Graduation \_\_\_\_\_

## TRANSCRIPT ORDER INFORMATION

- Total number of copies requested \_\_\_\_\_ (limit 3 per day)
- If transcripts are being sent to you, we will mail to the address noted in the student information section.
- Please indicate the number of copies being mailed to you. \_\_\_\_\_
- If you need the transcripts in separately sealed envelopes please check here.
- **We can no longer send transcripts electronically from the Registrar's Office;** all electronic transcripts must be requested through Credentials Transcript Ordering. There is a \$2.65 fee per transcript.

1. **Select ONE Delivery Method:**  Regular Mail  Pick Up in Person (*Photo ID is required*)

**When to Process: (Select ONE)**  Immediately  After Grades (semester) \_\_\_\_\_  After Degree (semester) \_\_\_\_\_

Name of recipient/institution \_\_\_\_\_ ATTN/Office \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. **Select ONE Delivery Method:**  Regular Mail  Pick Up in Person (*Photo ID is required*)

**When to Process: (Select ONE)**  Immediately  After Grades (semester) \_\_\_\_\_  After Degree (semester) \_\_\_\_\_

Name of recipient/institution \_\_\_\_\_ ATTN/Office \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. **Select ONE Delivery Method:**  Regular Mail  Pick Up in Person (*Photo ID is required*)

**When to Process: (Select ONE)**  Immediately  After Grades (semester) \_\_\_\_\_  After Degree (semester) \_\_\_\_\_

Name of recipient/institution \_\_\_\_\_ ATTN/Office \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_