TRANSCRIPT REQUEST FORM

A separate transcript request form must be used for each recipient.

PLEASE PRINT
Date of request ________________________________________________

Student ID number ______________________________________________

Name __________________________________________________________

Street address __________________________________________________

City ___________________________ State ___________ Zip ____________

Phone ___________________________ Cell Phone _____________________

Note: You are responsible for the address. Transcripts cannot be faxed.

TRANSCRIPT RECIPIENT ADDRESS:

CHECK ONE:
Number of Copies
□ Undergraduate transcript
□ Graduate transcript
□ Undergraduate and Graduate
□ Undergraduate transcript
□ Graduate and Graduate
□ Undergraduate and Graduate
□ Undergraduate and Graduate

□ Hold for pick-up
□ Mail to address shown

CHECK ONE (if applicable):
□ Hold for current semester grades
□ Hold for graduation information

TRANSCRIPT FEE: $5.00
CURRENT STUDENTS: NO CHARGE

Pay by cash, check or money order. Make checks payable to Dominican University.

When faxing a request to (708) 524-6943, payments can be made by using
Dominican’s eMarket link below and selecting “transcripts.”

https://commerce.cashnet.com/%20domgem

OFFICE USE ONLY

Student Signature

Transcript sent _______________________
Amount paid _______________________
Amount due _______________________

4/10/2008