

Please print clearly.

Name: Last First M.I. Maiden Name

Street Address

City State ZIP

Daytime Phone Number Birth Date Student ID Social Security Number

Did you receive a degree?

☐ Yes ☐ No

Last Year Attended: \_\_\_\_\_

If no, do you intend to return to Point Park University?

☐ Yes ☐ No ☐ Maybe

## Send transcripts to:

Contact Person *(Required)*

University, College or Company Name

Street Address

City State ZIP

Pick-up: ☐ Date \_\_\_\_\_

Mail copies: ☐ Now ☐ After Grades Post ☐ After Degree Conferral

Number of unofficial copies: \_\_\_\_\_

### Office of the University Registrar

I hereby give my permission to release my transcript to the name and address shown.

\_\_\_\_\_  
Student Signature *(Required)*

\_\_\_\_\_  
Date

**Point Park University**  
**Office of the University Registrar**  
**201 Wood Street**  
**Pittsburgh, PA 15222**

## Instructions

- Complete separate requests for each address to which transcripts are to be sent.
- Processing time is **three to five business days**. One business day notice is required in order to pick up transcripts at the Registrar's Office.
- Transcripts will not be faxed or emailed.
- **Please Note:** Transcripts will not be released to anyone other than the student.
- Please limit your request to five unofficial transcripts.