



SECTION I: Student Information

Date : _____ 7 Digit Case ID or Network ID or Last 4 of SSN : _____

Name : _____ Email Address : _____
(Last) (First) (Middle)

Signature : _____ ("See Attached" is not accepted. Signing another person's name constitutes fraud)

Other name(s) while at CWRU : _____ Daytime Telephone # : _____

Current Address : _____
(Street) (City) (State) (Zip)

Please list all CWRU schools attended (example-undergrad, medical) : _____
Year
 First attended : Fall Spr Smr _____
(circle)

Please list any degree(s) and year(s) received : _____
 Last attended : Fall Spr Smr _____
(circle)

SECTION II: Delivery Method

Please indicate the number of transcripts to be sent :

In Person : _____
 \$5 Per Copy (Quantity)

By Fax : _____
 \$10 Per Copy (Quantity)

Attn: _____

Fax # : _____

By Mail : _____
 \$5 Per Copy (Quantity)

Mailing Address : _____
 (Please attach additional addresses if needed)

Would you like delivery via FedEx for an additional \$21 per address : Yes / No
 (FedEx cannot deliver to a PO Box)

SECTION III: Transcript Request

Issue transcript : As Is

-or-

Hold transcript for:

(Please note - we cannot hold a request for more than 30 days)

Current semester grades

Degree posting of : _____

SECTION IV: Payment Information

Please select method of payment:

Cash (not accepted by mail)

Check/Money Order

MasterCard Credit Card Number : _____

Visa Expiration Date : _____ CCV # (3 digits on back of card) : _____
(Month) (Year)

Discover Billing Address : _____
(Street) (City) (State) (Zip)

Signature of Cardholder : _____

Printed name of Cardholder: _____

Please fax to (216) 368-8711

-or-

Mail to : Office of the University Registrar
 Yost Hall Room 110
 10900 Euclid Avenue
 Cleveland, OH 44106-7042