

TRANSCRIPT REQUEST FORM

OFFICE OF THE UNIVERSITY REGISTRAR

SECTION I: Student Information

Date: Network ID: Last 4 of SSN:

Name: Date of Birth:
(Last) (First) (Middle) (mm/dd/yyyy)

Email Address: Daytime Phone #:

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

*****Signature*****

Form must be signed by the student in order to be processed.
(Signing another person's name constitutes fraud.)

Other name(s) while at CWRU:

First attended : Semester Year Last attended : Semester Year

Please list all CWRU schools attended (e.g. undergrad, medicine):

Please list any degree(s) and year(s) received:

SECTION II: Delivery Method

Please indicate the number of transcripts to be sent :

By Fax :
\$10 Per Transcript (Quantity)

By Mail :
\$7.25 Per Transcript (Quantity)

Attn:

Fax #:

Mailing Addresses:

Please include a typed page with additional addresses, if needed.
No need to include another transcript request form.

Would you like delivery via FedEx for an additional \$21 per address? Yes
(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 :
(Month/Year)

SECTION IV: Payment Information

Please select method of payment:

Check/Money Order
(Payable to: Case Western Reserve University)

Credit Card Select Card Type: MasterCard Visa Discover Total Amount:

Name of Cardholder: Signature of Cardholder: _____

Billing Address:
Street City State Zip

Credit Card Number : Expiration Date: CCV #:
(Year) (3 digits on back of card)

SECTION V: Submission

Please print and sign, then fax or mail this form. (Processing time is 1-3 business days)

Office of the University Registrar
Yost Hall Room 135
10900 Euclid Avenue
Cleveland, OH 44106-7042
Phone (216) 368-4310
Fax (216) 368-8711



CASE WESTERN RESERVE
UNIVERSITY EST. 1826