

Transcript Request Form

Please print legibly. Requests will be processed in a timely manner, typically within 3-5 business days. During peak periods, allow for some delays.

Date: _____ Banner ID #: _____
(only if known)

Graduation Year: _____

Date of Birth: _____ Social Security #: _____
(DOB is required) (last 4-digits are required)

Dates Attended: _____

Legal Name: _____
(last) (first) (middle)

Check all that apply:
 Undergraduate School of Continuing Education
 Graduate School Special Student

Former Name *(if changed)*: _____

Transcript Request Purpose:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____

Hold transcript until current semester grades are recorded?
 Yes No

E-mail: _____

Hold transcript until degree is conferred?
 Yes No

Can we update your contact information in our system? Yes No

Student Signature: _____
(Handwritten signature is required)

Office Use Only	Date received _____
	Date mailed/Picked up _____

Unofficial Transcripts are unsealed and are sent via encrypted email directly to the student/alumni requestor. We do not send unofficial transcripts via email to third parties.

If you are requesting an **Unofficial Transcript** sent to you via encrypted email, please check this box:

If you are requesting to pick up a printed **Unofficial Transcript** in person at the Office of the Registrar, please check this box:

Official Transcripts are printed on tamper-proof security paper and are sealed with the Registrar's signature as well as the Providence College Seal. These are authenticated documents as they are sent directly from one institution to another. Providence College **DOES NOT** email official transcripts. Records are sent via postal mail to the address(es) provided by the requestor. Students with financial holds will be provided a partial transcript that does not include grades and courses for the impacted semester.

If you are requesting to pick up an **Official Transcript** in person at the Office of the Registrar, please check this box:

If you are requesting an **Official Transcript** to be sent via postal mail, please check this box:

Please fill in the mailing address information below *(required)*.

Mailing Address #1:	Mailing Address #2:	Mailing Address #3:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Number of copies: _____	Number of copies: _____	Number of copies: _____