

ACADEMIC TRANSCRIPT REQUEST

Please print clearly. Incomplete information may result in processing delays.

Last Name	First	M.I.	Maiden Name
Address			
City	State	Zip Code	
Daytime Telephone Number			

For Office Use Only:

<i>Date Received</i>	<i>Request #</i>
<i>Fee Processed</i>	<i>Date Completed & Initials</i>

Process request: (This section is optional)
 After ALL current grades are posted
 After the following grades have posted:

 After degree is posted

Academic Programs:

- Undergraduate
- Master's Program
- Doctoral Program
- Tide
- SCI
- Learning Team (Cohort)
- IFM

Social Security Number: _____ Date of Birth: _____

Student ID Number: _____ Last Attended: _____

Have you taken courses at Benedictine prior to 1992? Yes No

Student Signature: _____ Date: _____

**Each faxed request will be handled individually. Please call to verify your request has been received before resending to avoid being charged twice.*

PLEASE PRINT CLEARLY. STUDENT IS RESPONSIBLE FOR CORRECT ADDRESS.

Mail Transcript: Regular Rush

1. Your transcript **WILL NOT** be released if you have an outstanding financial obligation to the university.
2. Transcripts are released only at the written request of the student.
3. Transcripts will **NOT** be sent out if student signature is missing.
4. Please present identification when requesting transcript for pick-up.
5. Payment must be submitted at the time of request.
6. \$5 fee per transcript issued within 7-10 working days.
7. \$20 fee per transcript for 24-hour processing.

Mail Transcript: Regular Rush

Processing Type	Qty.	Amount	Total
Regular		\$5.00	\$
Rush (24-hour processing)		\$20.00	\$
Overnight (\$10 per address)**		\$10.00	\$

**The overnight fee is an additional charge. It will provide a delivery confirmation if needed. Overnights arrive before 3 p.m. on the following day. If the overnight request is received after 1 p.m., it will be overnighted on the next business day.

Method of payment: Cash _____ Check _____ Visa _____ MasterCard _____ Discover _____

Card #: _____ Exp. Date: ____/____ Signature: _____