

Transcript Request Form

Office of the Registrar

Official transcripts bear the embossed university seal and the Registrar's signature across the envelope flap. Official transcripts sent to the student will be stamped as such and are VOID if opened by the student.

Mail to: Registrar's Office; Arcadia University; 450 S. Easton Rd.; Glenside, PA 19038

On Campus: Arcadia University, Taylor Hall, Room 103
registrar@arcadia.edu

Office Use Only:

Received Date: _____
Processed Date: _____

A. STUDENT INFORMATION (Required):	
Student's Name (First - Middle - Last)	Date of Birth
Name at Time of Attendance (If Different From Above)	Social Security Number or Student ID Number
Current Address (Number & Street)	City/State/Zip Code
Phone Number	Email Address

B. ATTENDANCE:
<input type="checkbox"/> I am a CURRENT student in the following program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> I am a FORMER student in the following program(s): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> I am a STUDY ABROAD ONLY student (Current or Former) Years of Attendance: _____

C. PROCESSING TIME (Select one):	D. SPECIAL HANDLING:
<p><i>Processing Time: Fee Per Copy: No. of Copies:</i></p> <input type="checkbox"/> Official *Fee: \$12.00/copy _____ <input type="checkbox"/> UNOFFICIAL (free for current students) Total: \$ _____ # _____ <i>*Two transcripts can be sent to the same address for one fee.</i>	<p><i>(Select any that apply)</i></p> <input type="checkbox"/> Hold for current semester grades at the end of term. <input type="checkbox"/> Hold until degree is conferred <input type="checkbox"/> I have an attachment/enclosure (AMCAS, PTCAS, LSAC, etc). <input type="checkbox"/> This transcript is for a scholarship (current students only) or employer tuition reimbursement.

E. PAYMENT (scan QR code/scroll to bottom)	F. SEND TRANSCRIPTS TO (List additional addresses on reverse or in an attachment):
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G. AUTHORIZATION SIGNATURE REQUIRED: I authorize the release of my transcript as directed on this form.

X _____ Date: _____