**The University of Akron**
Office of the University Registrar
Akron, OH 44325-6208
Phone: 330.972.8300
**Fax: 330.972.6097**

# OFFICIAL ACADEMIC TRANSCRIPT REQUEST

1. Requests **MUST BE SIGNED** prior to processing. Requests **WILL NOT BE PROCESSED** if the form is incomplete.
2. Complete a separate request for each institution or person to receive an official academic transcript.
3. All financial obligations must be satisfied **before** the official academic transcript is released.
4. Transcripts are processed within 5 business days of receipt (Normal processing). Please allow 2 weeks for delivery
5. Transcripts sent directly to a student are marked *"**ISSUED TO STUDENT**"* and may not be accepted by a third party.
6. Please provide all ***REQUIRED** information and **print** legibly.

| | | | |
|---|---|---|---|
| ***Full Name** **(First, Middle Initial, Last)** | | | **Student ID # _____**<br>**Year of Birth: _____**<br>**Last 4 digits of SS#: _____** |
| ***Address** | | | *Maiden or Former Name(s) |
| ***City** | ***State** | ***Zip** | *Daytime Phone Number |
| ***STUDENT'S HAND SIGNATURE** *(Mandatory for release of transcript: Public Law 93-380)* | | | ***DATE** |

| | |
|---|---|
| *Currently enrolled at The U of A: ☐ **Yes** ☐ **No** | If No, last term enrolled *(approximately)* **Term** **Year** |

***Transcript is to be mailed:** *(Please select one option below)*:

| | | | |
|---|---|---|---|
| ☐ **Normal Processing** (**FREE**) Processed within 3-5 business days | ☐ **After Grades are Posted** (**FREE**)<br>Semester<br>Year | ☐ **After Degree is Posted** (**FREE**)<br>Semester<br>Year | ☐ **SPEEDY PROCESSING** **($10 per copy –** see below**)** Processed same day and put in the regular U.S. Postal Mail. |

*** Number of Official Transcripts to be mailed: _____**

***Transcript is to be mailed to the address below**:

| |
|---|
| Name/ Organization |
| Attention/ Address: |
| Address/ P.O. Box: |
| City, State, ZIP |

**Cashier's Office**

☐ Check here if you will be paying the ***"SPEEDY"*** processing fee by credit card.

**Card Type**: ☐ **Visa** ☐ **Master Card** ☐ **Discover** **No. of Transcripts : _____ @ $10.00 each**

Card Number: Expiration Date:

| | |
|---|---|
| *Name: *(as shown on card)* | Total amount to be paid: * **$** |
| I hereby agree to pay the sum set forth to the bank or card issuer in accordance with the terms of the credit card for the purchase of goods and services. | ***CARD HOLDER'S SIGNATURE:** |