TRANSCRIPT REQUEST FORM

Last Name ________________________________________ First Name ___________________________ MI

Name under which you attended, if different from above: ____________________________

Social Security Number or Student Identification Number: ____________________________

Date of Birth ____________________ Currently Enrolled? ____________ Yes ____________ No

Graduation date or date last attended: Month/Year ____________ / ____________

Which type and quantity of transcripts are you requesting? □ Official $12 □ Unofficial $ 6.00

Method of Delivery

☐ Free Regular Delivery

Special Delivery Additional Charge:

☐ $ 22.95 – Overnight Express Mail (transcripts only)

☐ $ 6.45 - 2-3 Day Priority Mail (transcripts only)

☐ $ 12.00 - Same Day Pickup (transcripts only)

☐ REPLACEMENT DIPLOMA $24.00 each**

Transcript is being requested for:

_____ Transfer to another institution

_____ Employment

_____ Internship

_____ Scholarship

_____ Other; please specify ______________________________________________________

Please indicate when transcript(s) should be sent:

☐ HOLD until after all the semester grades are posted  ☐ HOLD until after degree posting

☐ Send NOW (courses completed)

Your Address and Telephone Number: Recipient’s Name and Address:

____________________________________     ______________________________________

____________________________________     ______________________________________

____________________________________     ______________________________________

CHEYNEY UNIVERSITY DOES NOT ACCEPT PERSONAL CHECKS FOR THIS SERVICE.

This completed form may be faxed, mailed or emailed to the Office of the Registrar

Mailed requests should be accompanied by a money order or cashier’s check

** Please allow 4-6 weeks for the registrar’s office to receive replacement degrees prior to mailing

Address: Cheyney University of PA, Office of Registrar, 1837 University Circle, Cheyney PA 19319

Faxed requests: 610-399-2385     Emailed requests: registrar@cheyney.edu

Payments (made through the Bursar’s office):

➢ In person: Bursar Office (Cash, Credit or Bank Card, Certified Check and Money Order)

➢ By Mail: Certified Check or Money Order Only

➢ By Phone: Office of the Bursar 610-399-2232 or 610-399-2224

Please Note: Transcript requests can NOT be honored when a student has an outstanding balance.

Transcript requests will NOT be honored until both a written transcript request and payment are received.

____________________________________     _______________________

Student Signature                       Date

revised 06/2018