



## Transcript Request Form

Office of the University Registrar

**Please fill out this entire form in legible print, checking the appropriate spaces and sending it to the following address:**

Philadelphia University  
Attn: Registrar's Office  
School House Lane & Henry Ave  
Philadelphia, PA 19144-5947  
FAX: 215-951-2742

**Name:** \_\_\_\_\_  
*Last First Middle*

**Previous Name:** \_\_\_\_\_ **Student ID/SSN:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
*(MM/DD/YYYY)*

**Currently Enrolled:**  **Yes**  **No**  
if no, when were you last enrolled: \_\_\_\_\_  
*Term Year*

**Enrolled as:**

**Day Undergraduate**  **Evening Undergraduate**  **Graduate**

**Transcript should be processed:**

**Now**  **Hold for Grades**  **Hold for Degree**

**Address where the Transcript should be sent:**

*Please provide the full name and address of the person, company, and/or institution to which you want this transcript sent, or leave blank to pick up the transcript in the Registrar's office.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*It is Philadelphia University Policy that transcripts are not to be faxed or emailed

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

**Payment details:**

Transcript fee: \$5.00 per copy, \$10.00 for same day pick up, \$20.00 for overnight mail  
**Mastercard & VISA are the only credit cards accepted.**

**Cash**  
 **Check**  
 **Credit Card – Number:** \_\_\_\_\_  
**Exp.:** \_\_\_\_/\_\_\_\_

**Office use only:**

**Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Philadelphia University  
Office of the Registrar  
School House Lane & Henry Ave  
Philadelphia, PA 19144-5947  
215.951.2990  
www.philau.edu/registrar*