

**CASE WESTERN RESERVE UNIVERSITY  
TRANSCRIPT REQUEST FORM**

Amt pd.	_____
Date	_____
Initials	_____

SS#/ID \_\_\_\_\_ SIGNATURE (signing another person's name constitutes fraud) \_\_\_\_\_ DATE \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_  
*Last (Family Name) First Middle* Email address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street (Apt#) City State Zip*

Currently Enrolled? Y N Year _____	CWRU school(s) attended: _____	Other name(s) while at CWRU: _____
First attended CWRU: Fal Spr Sum _____	school last sem/yr degree _____	_____
Last attended CWRU: Fal Spr Sum _____	school last sem/yr degree _____	_____

MAIL TRANSCRIPT TO: (please print **complete** mailing address)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Allow at least 3 working days for processing
- Outstanding financial obligations will prevent release of transcript
- University policy requires all academic work to appear on the CWRU transcript (undergraduate, graduate, professional)

*Office of the University Registrar Cleveland, OH 44106-7042  
 10900 Euclid Avenue (216) 368-4310*

<input type="checkbox"/> Cash	<input type="checkbox"/> Issue to student	<input type="checkbox"/> Mail transcript <i>as is</i>	<input type="checkbox"/> Hold transcript for: <input type="radio"/> current semester grades
<input type="checkbox"/> Visa	<input type="checkbox"/> Check	Number of copies? _____ (\$5 per copy)	<input type="radio"/> degree posting for _____ degree
<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard		<input type="radio"/> grade change _____ dept course sem/yr

Credit card number: \_\_\_\_\_ CCV # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Billing Street Address \_\_\_\_\_

(If using a credit card, you may fax your request to: (216) 368-8711)