

**TRANSCRIPT REQUEST FORM**

**Excluding currently enrolled students**, there is a \$10.00 fee for each transcript requested (both official and unofficial). Processing can take up to 3-4 business days. Copies will not be sent if a student has a financial obligation to the college.

Please make check payable to the Pomeroy College of Nursing and mail to the above address.

<b>Student's Name While Enrolled</b>	
<b>Married or Other Name(s)</b>	
<b>CURRENT ADDRESS (required)</b>	
<b>E-mail Address</b>	
<b>Phone Number</b>	

<b>Official Transcript</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, how many?	
<b>Unofficial Transcript</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, how many?	

<b>Special Instructions:</b>	Hold for Grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hold for Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>BIRTHDATE</b>	
<b>SOCIAL SECURITY #</b>	
<b>DATES ATTENDED</b>	
<b>DATE GRADUATED</b>	

**SEND TRANSCRIPTS TO:**

Please include NAME and COMPLETE ADDRESS to which transcript is to be sent:

1) _____	2) _____
_____	_____
_____	_____
3) _____	4) _____
_____	_____
_____	_____

I hereby authorize **Pomeroy College of Nursing** to release information relating to employment inquiries and to release transcripts to educational institutions, at my request.  
 The above release is required to comply with the Family Education Rights and Privacy Act of 1974 (PL-93-380) as amended (PL 93/568).

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_