

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 before being mailed. 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.

***REQUIRED**

*Student's Name While Enrolled	
Married or Other Name(s)	
*Current Address	
E-mail Address	
*Phone Number	

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

Special Instructions: <i>(N/A for Alumni)</i>	Hold for Grades?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hold for Graduation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*BIRTHDATE	
*SOCIAL SECURITY #	
*DATES ATTENDED	
*DATE GRADUATED	

SEND TRANSCRIPTS TO:

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

PLEASE NOTE: Transcripts are considered UNOFFICIAL if faxed or emailed.

- | | |
|-------------------------------------|-------------------------------------|
| 1) _____

_____ | 2) _____

_____ |
|-------------------------------------|-------------------------------------|

I hereby authorize **The 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** _____