

Transcript Request

(Transcript service will be denied to students with outstanding financial obligations.)

To order an official or unofficial transcript, you must request the transcript in writing by mail, email or by fax, using the form below. Our mailing address is Registrar's Office, 100 College Drive, Allentown, PA 18104, our email address is registrar@cedarcrest.edu and our fax number is 610-740-3766. Please provide the following information:

Student Information:

Date: _____

SS#/Date of Birth/Student ID#: _____

Daytime Phone Number: _____

Name (and any names you may have attended under): _____

Current Address: _____

Street

City

State

Zip

Dates of Attendance or Year of Graduation: _____

Number of copies mailed _____ x \$5.00 each = _____ *

Number of copies faxed _____ x \$15.00 each = _____ * \$10.00 fax fee plus \$5.00/copy
(receiving institution determines whether faxed copies are considered official or unofficial)

Overnight transcript(s) _____ x \$60.00 each = _____ * \$50.00 overnight fee plus \$10.00/copy
(This option only available when mailing within the Continental United States)

Instructions for Registrar's Office (please indicate):

Send immediately: _____

Hold for grades: Current Semester _____

Summer Semester _____

Hold for degree posting: _____

Circle reason for request:

Grad School Internship Job Transferring Personal Scholarship Other: _____

SIGNATURE: _____

Person to Receive Transcript:

Name: _____

Address: _____

*All transcripts **MUST** be paid for in advance. Student must complete payment information below.

Transcripts will be sent within one week from the receipt of the request. Overnight transcript requests cannot be sent to a P.O. Box and must be requested by 2:00 PM EST. Fax requests will be sent within two days. Turnaround time may be longer around the holidays and at the beginning and end of the semester, so please plan accordingly. **Transcripts are not available for immediate pickup in the Registrar's Office.**

Method of Payment: _____ Cash _____ Check (payable to Cedar Crest College)

_____ Credit Card: Master Card or Visa (circle one)

Credit Card #: _____

Name as it appears on credit card: _____

Expiration Date: _____

CVC2 # _____ (3 digit number found on reverse side of card)

Total Cost: \$ _____