

# 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 or by fax, using the form below. Our mailing address is Registrar's Office, 100 College Drive, Allentown, PA 18104, 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 \$40.00 each = \_\_\_\_\_ \* \$30.00 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: \$ \_\_\_\_\_