



OHIO CHRISTIAN
UNIVERSITY

Office of the Registrar

1476 Lancaster Pike, Circleville OH 43113

Phone: 740.477.7780

Fax: 740.420.5920

Email: registrar@ohiochristian.edu

Transcript Request Instructions

Charges: There is a \$5 fee per transcript. Payment by must accompany your request. We accept cash, check or credit card payment.

Request by mail: Transcripts may only be released when our office has received a signed request from the student whose name appears on the transcript. A request form is provided on the next page.

Request by fax: Requests may be faxed to the above number.

Request by email: We can accept email requests if you scan your signed request form and email it to us as an attachment.

The request form is on the following page.

Credit Card Payment Form Use this part of the form only to pay by credit card.

Type of Card: *(We accept only these cards)*

Visa MasterCard Discover

Cardholders name as it appears on the card:

Credit Card billing address:

Credit Card Account Number:

3-Digit Security Code:

Expiration Date:

Amount: *(\$5 per transcript requested)*

Telephone:

(____) _____

Date: _____

Signature: _____



Ohio Christian University Transcript Request

Office Use Only

Payment:

- Credit Cash
 Check NA

Preparer (initial) _____

Received (date) _____

Sent

Logged

Uploaded

Instructions are on the previous page. Please use a separate form for each place where you are sending your records.

Identification and Contact Information

Name (printed): _____ Date of Birth: _____

Date of last attendance: Semester _____ Year _____

Last name during your final semester as a student (if different): _____

Social Security No. _____ - _____ - _____ (required for the security of your records)

Street and Number: _____

City: _____ State: _____ Zip: _____

Work Telephone: (____) _____ Home Telephone: (____) _____

Please indicate the purpose of this request:

- Grad School Application Employment Scholarship Transfer Other _____

Sending Information

When shall we send your transcript?

Immediately

When my pending degree is posted

Degree and Date: _____

Wait to send the transcript when all grades have been entered.

You may want to select this option if your course or term is not yet complete, or an instructor has not yet submitted the grade.

To whom shall we send your transcript?

A person or institution by mail

Official transcript mailed directly to the person or institution.

Institution:	_____
Individual or Department:	_____
Address:	_____

Myself, sealed

*Official transcript, marked "Transcript is invalid if seal has been broken."
Use this option if you are to hand-deliver an official copy. Some institutions will not accept this as an official copy.*

Myself, unsealed

Unofficial transcript marked "Issued to Student"

A person or institution by fax

Fax number and name of receiving person or institution:

Authorization

Remember to enclose the fee.

I authorize Ohio Christian University to release my academic transcript to the person or institution indicated above.

Requestor's Signature (required)

Date of Request (required)