

Academic Transcript Request

Completed transcript requests can be mailed, faxed or brought to the Registrar's Office.

Office of the Registrar, Carroll University, 100 N East Ave. Waukesha, WI 53186

Phone Number: 262-524-7208 Fax Number: 262-650-4851

*Transcripts will be withheld if any obligations to the University have not been satisfied. **Please complete form in blue or black ink.***

Name (Print) Last _____ First _____ Middle _____

Prior Name (s) : _____ Social Security or ID Number _____

Current

Permanent

Address:

Number & Street _____ City _____ State _____ ZIP _____

Phone: _____ Date of Birth: _____

Area Code _____ Number _____

Currently Attending: Yes No If no, last date of attendance: _____

A separate form must be completed for each recipient.

Pick up (completed orders will be held one month) _____
photo ID required phone # to use for pick up orders

Official transcript _____ number of copies

Mail to: (Student is responsible for complete, legible and accurate address)

When to send: Now Hold for grades Other (please explain) _____

One unofficial transcript for personal or campus use only.

Current Students:

Are you leaving Carroll University before graduating? Yes No

If yes, there is a withdrawal process to activate transcript releases. Transcripts will be held until a withdrawal form is completed in the Financial Aid office and submitted to Jeff McNamara. Students can contact Jeff McNamara at 262-524-7360, via email at jmcmamar@carrollu.edu or in person in the Financial Aid Office.

Due to the Family Rights and Privacy Act of 1974, your signature is required for the release of a transcript.

I hereby give consent to have my transcript sent to the recipient listed above.

Student's Signature _____ **Date** _____

Copies: Registrar's Office – white, student – yellow (06.08)