



TRANSCRIPT REQUEST

Please print all information legibly.

Office of the Registrar
Athenaeum of Ohio
6616 Beechmont Avenue
Cincinnati, OH 45230

Transcript request processing time is up to two working days. Please allow up to three working days at the end of each term.

Date of Request: _____

Quantity Requested: _____

\$5 per transcript

** recent graduates may receive free transcripts
up to 6 weeks after graduation

Issue or Hold:

- Issue transcript immediately
- Hold for grade change:
Course: _____ Term: _____
- Hold until term grades are posted
 - Autumn
 - Spring
 - Summer
- Hold until degree is posted

Delivery:

- Pick up at the Office of the Registrar
- Mail (via First-Class Mail; Express will incur an additional fee) to:

Student Information:

Last Name	First Name	Middle Initial	Previous Name(s)
Street Address	Date of Birth (DD/MM/YYYY)		
City	State	Zip	Email
Dates / Terms Attended (MM/YYYY or Autumn/Spring/Summer YYYY)		Phone	

X _____

Student Signature (required)

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent for The Athenaeum of Ohio to release my academic records as indicated above.

** Please list any special instructions or additional information on the back. **

Note that transcripts will not be issued until all outstanding financial obligations have been fulfilled.

Checks may be made payable to The Athenaeum of Ohio. Credit card payments (Visa, MasterCard, Discover, and American Express) must be made in person or by phone **after** this form has been received. Mail this completed form along with your payment to:

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ATTN: Transcripts
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