



TRANSCRIPT REQUEST

Today's Date: _____ Social Security No. _____

Date of Birth: _____

Years of Attendance: _____

Degree(s) Pursued/Earned: _____

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Send to: _____

Instructions:	_____ please mail	# of Copies:	_____ Unofficial student copy (\$ 9.00)
	_____ will pick up		_____ Regular process of official copy (\$ 10.00)
	_____ hold for grades		_____ Rush service for official copy (\$ 12.00)
			_____ Same day request (\$12.00)

Make check/money order out to CTU or call us at 773.371.5454 to pay by credit card.

Transcript policy: It is the policy of the registrar's office to release transcripts only to the institution, agency, or person for whom the transcript was requested. Such transcripts will be mailed directly by the registrar's office. Official transcripts picked up by the student/graduate will read "Issued to Student."

Holds: Transcripts requested by students with a financial hold cannot be released.

Student's signature _____

Required

Mail to: (with necessary payment)

Catholic Theological Union

C/O: Registrar's Office

5401 S. Cornell Ave.

Chicago, IL 60615