

## TRANSCRIPT REQUEST

Date of Request:	Quantity Reque	sted:	official copies (\$5 each)	
Issue or Hold:	<b>Delivery:</b>			
O Issue transcript immediately	O Pick up at the	O Pick up at the Office of the Registrar		
<ul> <li>Hold for grade change:</li> <li>Course: Term:</li> <li>Hold until term grades are posted</li> <li>Hold until degree is posted</li> </ul>	*paper transcripts			
Student Information:  Last Name	First Name	M.I.	Previous Name(s)	
Street Address			Date of Birth (DD/MM/YYYY)	
City	State	Zip	Email	
Dates / Terms Attended (MM/YYYY o	) r Fall/Spring/Summer YYY		Phone	
<b>Student Signature (required)</b> I affirm that I am the above-named	-	with FERP	A, I hereby give my written consent	
for The Athenaeum of Ohio to relea	-			

\*\* 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 may be made via Populi after this form has been received.

Mail this completed form along with your payment to:

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