

# Carnegie Mellon UNIVERSITY REGISTRAR'S OFFICE

Complete all sections. You may mail, fax or return this form to the Registrar's Office. Note: If you are requesting walk-in service, you must bring this form to the Registrar's Office. You must present photo ID when picking up transcripts.

## University Registrar's Office

Lower Level, Warner Hall  
5000 Forbes Avenue  
Pittsburgh, PA 15213-3890  
Phone: 412-268-8186  
Fax: 412-268-6651  
university-registrars-office@andrew.cmu.edu  
http://www.cmu.edu/hub

## Transcript Request Form

### STUDENT INFORMATION

Student Name: \_\_\_\_\_  
*Last (Maiden if applicable.) First MI*

Student ID Number: \_\_\_\_\_

We require that one or both pieces of contact information be provided below.

E-mail Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

**REQUIRED**

Were you enrolled in at Carnegie Mellon after 1990?  YES  NO

### PAYMENT INFORMATION

- Cash  Check  
 PlaidCash  Student Account  
 VISA or Master Card ONLY (If currently enrolled.)

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Transcript requests are processed after payment is received.

### SERVICES AVAILABLE

Please complete the box below.

SERVICE REQUESTED	NUMBER OF COPIES	COST PER COPY	TOTAL COST
Walk-In		\$5 per copy for immediate pick-up in The HUB (Maximum of three copies) Only available to students who attended after 1990	
Pick-Up Photo ID Required		\$5 per copy for immediate pick-up in The HUB Allow three business days for processing after request has been received.	
Mailing Service		\$5 per copy to be sent via U.S. Mail Allow three business days for processing after request has been received.	
Express Service		\$5 per copy + delivery charge (\$20 - U.S. address; \$30 - Canada or Mexico address; \$40 - International address) You must provide a street address. No PO Boxes. Requests must be received by 3 p.m. Eastern Time.	
<b>Total Cost</b>			

### DELIVERY INFORMATION

Hold for Final Grades Semester \_\_\_\_\_

Hold for Degree Certification Semester \_\_\_\_\_

If you have elected to have your transcript(s) mailed, enter complete delivery address below. Attach additional sheet if necessary.

Number of copies to this address: \_\_\_\_\_ Regular

\_\_\_\_\_ Express

Name \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Number of copies to this address: \_\_\_\_\_ Regular

\_\_\_\_\_ Express

Name \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

### SIGNATURE

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
Required

Office Use Only \_\_\_\_\_

Transcript Processed \_\_\_\_\_

Payment Processed \_\_\_\_\_

Mailed \_\_\_\_\_