

Carnegie Mellon

ENROLLMENT SERVICES

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

Enrollment Services - The HUB

Lower Level, Warner Hall

5000 Forbes Avenue

Pittsburgh, PA 15213-3890

Phone: 412-268-8186

Fax: 412-268-8084

Email: thehub@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: _____

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: _____

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 <small>Photo ID Required</small>		\$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.	
Total Cost			

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 _____ Required _____ Date _____

Office Use Only _____