

Unofficial Transcript Request Form



DATE OF REQUEST ____/____/____

I hereby authorize the release of my student transcript, grades and credits.

Student's Name: _____

Student's Signature: _____

Date of Birth: _____ Student ID#: _____

Phone Number: _____

Number of Unofficial Transcripts: ____ Are you currently enrolled? Yes No

If you are an inactive student, we can send unofficial transcripts by US mail. There is a \$3 charge for each copy of your transcript.

Please forward transcripts to:		
NAME and/or TITLE		
INSTITUTION or COMPANY		
STREET ADDRESS		
CITY	STATE	ZIP CODE

Payment Options

Unofficial Transcripts are a \$3 charge each for **inactive** students, payable by Credit Card.

_____	_____	_____
CREDIT CARD NUMBER	EXP. DATE	SECURITY CODE (3 to 4 digit code on the back of your card.)

Please Return the Form:

By Mail:

Post University
ATTN: Student Accounts
800 Country Club Rd.
Waterbury, CT 06708

By Fax:

203-841-1152

By Email:

PostADPStudentAccounts@post.edu

PLEASE NOTE THE FOLLOWING:

1. Form must be signed by student in order to legally release transcript(s).
2. Please allow 5-7 business days for processing.
3. All financial obligations must be reconciled before transcripts will be released.
4. Use separate form for each different mailing address to which you desire your transcripts forwarded.