



The University of Akron
 Office of the University Registrar
 Akron, OH 44325-6208
 Phone: 330.972.8300
 Fax: 330.972.6097

**OFFICIAL ACADEMIC
TRANSCRIPT REQUEST**

1. Requests **MUST BE SIGNED** prior to processing.
2. Requests **WILL NOT BE PROCESSED** if the form is incomplete.
3. Complete a separate request for each institution or person to receive an official academic transcript.
4. All financial obligations must be satisfied before the official academic transcript is released.
5. Official academic transcripts are processed within 5 business days of receipt. Please allow 2 weeks for delivery. Please allow extra time for processing at the beginning and end of each term.
6. Official academic transcripts that are sent directly to a student are marked "*ISSUED TO STUDENT*" and may not be accepted by a third party.
7. Please provide all ***REQUIRED** information and print legibly.

*Full Name			*Student ID # or Year of Birth		
*Address				*Maiden or Former Name(s)	
*City	*State	*Zip	*Daytime Phone Number		
* <i>STUDENT SIGNATURE</i> (Mandatory for release of transcript: Public Law 93-380)					* <i>DATE</i>

*Currently enrolled at The University of Akron: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, last term enrolled (<i>approximately</i>) Term Year
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*Transcript is to be mailed (*Please select one option below*):

<input type="checkbox"/> Normal Processing (Processed within 3-5 business days- NO CHARGE)	<input type="checkbox"/> After Grades are Posted Semester Year	<input type="checkbox"/> After Degree is Posted Semester Year	<input type="checkbox"/> SPEEDY PROCESSING (This process is done the same day and put in the regular U.S. Postal Mail. A fee of \$10 per transcript must accompany this request)
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***Number of Official Transcripts:**

*Transcript is to be mailed to the address below:

Name/Organization
Address
City, State, ZIP

Cashier's Office

<input type="checkbox"/> Check here if you will be paying the " SPEEDY " processing fee by credit card (Visa, MasterCard, or Discover). Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Card Number: _____ Expiration Date: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border-top: 1px solid black; width: 80%; position: relative;"> █ █ █ █ </div> <div style="border-top: 1px solid black; width: 15%;"></div> </div>	
Name: (<i>as shown on card</i>)	Amount to be paid: \$
I hereby agree to pay the sum set forth to the bank or card issuer in accordance with the terms of the credit card for the purchase of goods and services.	CARD HOLDER'S SIGNATURE: