

UNIVERSITY OF
ROCHESTER

ACADEMIC TRANSCRIPT APPLICATION

OFFICE OF THE UNIVERSITY REGISTRAR

PO BOX 270038

ROCHESTER, NEW YORK 14627-0038

PHONE: 585-275-8131 FAX: 585-275-2190

TRANSCRIPTS MAY BE WITHHELD PENDING RESOLUTION OF
OUTSTANDING OBLIGATIONS TO THE UNIVERSITY. IF WE CANNOT
SEND OUT YOUR TRANSCRIPT, WE WILL LET YOU KNOW THE
REASON WE CANNOT COMPLY WITH YOUR REQUEST.

**TRANSCRIPTS WILL NOT BE RELEASED
WITHOUT THE STUDENT'S SIGNATURE**

LAST NAME FIRST MIDDLE

NAME WHILE ATTENDING.
IF DIFFERENT

STUDENT ID#	DATE REQUESTED	DATE ISSUED <small>For Office Use Only</small>
-------------	----------------	--

PLEASE CHECK SCHOOL(S) ATTENDED (ALL THAT APPLY):

- The College Warner Simon Medicine & Dentistry Nursing

Dates of Attendance _____ Degree(s) _____ Date(s) Awarded _____

- REASON FOR REQUEST: TRANSFERRING GRAD SCHOOL WITHDRAWING
 SCHOLARSHIP EMPLOYMENT OTHER

SEND TRANSCRIPT TO: (GIVE NAME, INSTITUTION, COMPLETE MAILING ADDRESS)

NUMBER OF
TRANSCRIPTS
REQUESTED TO
THIS ADDRESS

STUDENT'S SIGNATURE

PHONE NUMBER (INCLUDE AREA CODE)

EMAIL ADDRESS