

Cheyney University of Pennsylvania Office of the Registrar TRANSCRIPT REQUEST FORM

Last Name	First Name	, <u>MI</u>
Name under which you attended, if difference Social Security Number or Student Identif	ent from above:	
Date of Birth Curren	tly Enrolled?	/es No
Date of Birth Curren Graduation date or date last attended: Mo	onth/Year/	
Which type and quantity of transcripts are	you requesting? Official \$	612 □ Unofficial \$ 6.00
Method of Delivery Special Delivery <u>Additional Charge</u> :	☐ Free Regular Delivery ☐\$ 24.70 – Priority Mail Ex☐\$ 6.70 - Priority Mail (tra☐\$ 12.00 - Same Day Pick☐ REPLACEMENT DIPLO	nscripts only) up (transcripts only)
Transcript is being requested for: Transfer to another institution Employment Internship Scholarship Other; please specify		
Please indicate when transcript(s) should b ☐ HOLD until after <i>all</i> the semester grades ☐ Send NOW (courses completed)		il after degree posting
Your Address and Telephone Number:		·
CHEYNEY UNIVERSITY DOES NOT		FOR THIS SERVICE.
This completed form may be faxed Mailed requests should be account ** Please allow 4-6weeks for the regis	mpanied by a money order or c	ashier's check
Address: Cheyney University of PA, Office of Faxed requests: 610-399-2385 Emailed	Registrar, 1837 University Circle requests: registrar@cheyney.ed	
Payments (made through the Burs ➤ In person: Bursar Office (Cash, C ➤ By Mail: Certified Check or Money ➤ By Phone: Office of the Bursar 61	redit or Bank Card, Certified C y Order Only	heck and Money Order)
Note: Transcript requests can NOT be honored Requests won't be honored until both a processing time is required to access an	written request and payment are	received. Additional
Student Signature		<u></u>