



## REQUEST FOR TRANSCRIPT

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Name while in attendance (if different from above)

\_\_\_\_\_  
Current Address City State Zip

\_\_\_\_\_  
Daytime Phone and/or e-mail address

\_\_\_\_\_  
XXX-XX- Social Security Number (Last 4)

☐ I am a current student

College:

☐ Pennsylvania College of Optometry

☐ I am a former student

☐ Osborne College of Audiology

Last date attended: \_\_\_\_\_

☐ College of Education and Rehabilitation

☐ College of Health Sciences

*Official transcripts will bear the embossed university seal and the Registrar's signature. Official transcripts cost \$10.00 and will be mailed or available for pick up within 3-5 business days of receipt. We also offer same day processing for \$15.00, overnight/United States shipping for \$30.00 and overnight/International shipping for \$35.00 when the completed request is received by 12:00 PM EST.*

**Recent Graduates:** *You are entitled to two free transcripts within 30 days of your degree conferral date, please submit the transcript request form via fax to (215) 780-1523.*

**Number of transcripts requested**

**Processing time (see explanation above and choose one)**

Total: \_\_\_\_\_

☐ Standard: Up to 5 business days - \$10.00

☐ Same Day: When received by noon - \$15.00

☐ Overnight/United States: When received by noon - \$30.00

☐ Overnight/International: When received by noon - \$35.00

**Mail transcripts to:** *List additional addresses on a separate page with instructions*

_____	_____
_____	_____
_____	_____
_____	_____

Payment: \$\_\_\_\_\_ ☐ Cash ☐ Check ☐ Recent Graduate (within 30 days of conferral date)

**Transcripts requests will not be honored if there is a "HOLD" on the account.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form and a check or money order (payable to Salus University) for the appropriate fee per transcript copy requested to: **Salus University, Office of the Registrar, 8360 Old York Road, Elkins Park, PA 19027-1516.**