



Office of the Registrar
 8360 Old York Road
 Elkins Park, PA 19027-1598

Request for Transcript

The *Family Educational Rights and Privacy Act* requires educational institutions to obtain a signed release from the student prior to releasing confidential educational records. Therefore, the Salus University Registrar's Office must obtain a signed letter or completed form prior to the release of that student's transcript.

Your Name:		<p>*Official transcripts will NOT be sent to the student unless the student provides official printed documentation from the intended recipient stating the need for the official transcript to be received via the student in a sealed envelope.</p> <p>_____ *Official Transcript _____ Unofficial Transcript</p> <p>Total Number of Copies: _____</p> <p>Send Transcript (s) To: (list additional addresses on reverse)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Name while in attendance, if different from above:		
Social Security #:	Date:	
Current Address:		
Daytime Phone and/or email address:		
Are you currently enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please check year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 • If no, last date attended (month/year): _____		
College: <input type="checkbox"/> Pennsylvania College of Optometry <input type="checkbox"/> George S. Osborne College of Audiology <input type="checkbox"/> College of Education and Rehabilitation <input type="checkbox"/> College of Health Sciences		<p>Please note: Transcripts do NOT include grade point average or rank unless specifically requested.</p> <p>_____ Yes, include grade point average</p> <p>_____ Yes, include rank (current 3rd & 4th year OD & Residential AuD students are ranked; OD & Residential AuD alumni may request ranking appear).</p>
Your Signature:		Fee(s) enclosed (\$5.00 per copy):

Requests received by close of business on Tuesdays are processed and sent on Wednesdays.

Mail completed form and a check or money order (payable to Salus University) for a fee of \$5.00 per transcript copy requested to:

**Salus University
 Registrar's Office
 8360 Old York Road
 Elkins Park, PA 19027-1516**