



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.**