



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 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 & Rehabilitation
- College of Health Sciences
- Post Baccalaureate

Official transcripts will bear the embossed university seal and the Registrar's signature. **Transcript requests will not be processed if there is a "HOLD" on the account.** Official transcripts cost \$10.00 and will be mailed or available for pick up within 3-5 business days of receipt. Same Day Processing and Overnight shipping is available. *See details below.

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 or email registrar@salus.edu.

Number of transcripts requested: _____

(choose one)	Processing time	
<input type="checkbox"/> Standard	Up to 5 business days	\$10.00 per transcript
<input type="checkbox"/> Same Day Processing	*Same day when received by 12:00pm EST	\$15.00 per transcript
<input type="checkbox"/> Overnight/U.S.	*Same day when received by 12:00pm EST	\$30.00 per transcript
<input type="checkbox"/> Overnight/International	*Same day when received by 12:00pm EST	\$35.00 per transcript

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

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

Student Signature: _____ Date: _____

Mail or return completed form and a cash/check/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.**