

OFFICIAL TRANSCRIPT REQUEST FORM

CHRISTENDOM GRADUATE SCHOOL



To request an official transcript, please mail or email the completed form to the address below:

Office of Graduate School Records
Christendom Graduate School
4407 Sano Street
Alexandria, VA 22312

graduate.school@christendom.edu

The fee is \$5 per transcript. Please note the processing time is two weeks. All transcripts are sent by first-class mail. No transcript will be released if you are not in good financial standing with the College or if we do not have official proof of your bachelor's degree.

Student Information -(Please Print Clearly)

Full Name: _____

Name while enrolled (if different): _____

Contact Email: _____

Contact Phone Number: _____

Contact Address: _____

Semesters of Attendance/Graduation Year (if known): _____

Forward Transcripts to: (Please note transcripts mailed to you will be stamped "Issued to Student" and considered official if received in a sealed envelope)

Number of copies

Hold for current grades

Send Now

Hold for posting of degree

Payment Options: Enclosed Check Credit Card

Name on Card: _____

Credit Card Number: _____

Expiration Date: ____/____

Security Code: _____

Billing Address: _____ Billing Zip Code: _____

I authorize the Christendom Graduate School to release my transcripts to the above institution/person. I also authorize the charge to my provided credit card if I have checked this payment option.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Received: _____ Date Sent: _____ Amount Paid: _____