

REQUEST FOR OFFICIAL TRANSCRIPT

Please complete this form and submit it to your previous school of attendance for official transcripts. Make copies as necessary.

Name _____
Last First Middle

Name used when attending this college _____

Current Address _____
Street City State Zip

Birth Date _____ Social Security Number _____

Dates Enrolled _____

Mail official transcript to:

POINT PARK UNIVERSITY
The Office of Adult Enrollment
201 Wood Street
Pittsburgh, PA 15222-1984

Student's Signature

Date

A check for \$ _____ is attached to cover transcript fee.