REQUEST FOR OFFICIAL COLLEGE TRANSCRIPT



- Please print, sign the form in ink, fill out one form for each school, and return it by fax (610-225-5601) or email (gpsadm@eastern.edu)
- Please do not fill out if you already have ordered the official transcript from your sending school or if you have a hold at the college sending your transcript. The hold will need to be removed before we can request your transcript.

PERSONAL INFORMATION

Please print clearly

Name		Finat		NA: al alla	
Last	First			Middle	
Current Address					
City	Sta	ate	Zip	Country	
Primary Phone	_ Cell	Email			
Social Security Number	OR Student ID #				
Name used when attending this school			1	Date of Birth	
School Name	School Location				
Dates Attended: From		To		City	State
Degree		Major _			
☐ Send Now ☐ Send after grades are posted _	Send aft			ter degree is posted	
	Date			· · ·	Date
Based on the above information, please order n	ny transcript t	o be sent di	rectly to East	ern University	
Applicant's Signature			Date		
Sign, date, and return to one of the contacts be	elow. Note: W	e must have	your signat	ure.	

To the Registrar of the School: Official transcript must include seal, signature, and date.

Please send by mail to: Eastern University

Graduate and Professional Studies Admissions

1300 Eagle Road

St. Davids, PA 19087-3696

Or electronically via parchment or escript-safe to: gpsadm@eastern.edu