UNOFFICIAL TRANSCRIPT REQUEST
Office of the Registrar • Olivet Nazarene University
One University Avenue • Bourbonnais, Illinois 60914 • Phone: 815-939-5201

Full Name ____________________________________________________________

Current Address ______________________________________________________
City_________________________State_________Zip__________________________
Daytime Phone_________________________Date of Request __________________
_____________________________________________________________________

Social Security Number__________________________________ ID Number __________
Date of Birth ________________________________________________

Currently enrolled? ☐ Yes ☐ No If no, last date of attendance ____________________

Regulations concerning issuance of Unofficial Transcripts:

1. The request must be made IN WRITING by the student.

2. UNOFFICIAL TRANSCRIPT - no charge.

I hereby authorize the release of information contained in my transcript(s).

__________________________________________ *
Student Signature (Required) *cannot be typed

Please send #_________ Unofficial Transcript(s)

Mail to: Name/Organization Name: ________________________________________
Attention: ________________________________________________________________
Address Line 1: ____________________________________________________________
Address Line 2: ____________________________________________________________
City_________________________State_________Zip__________________________

Fax Number or Email to:

Hold for: ☐ Final Grades

Mail this form to the above address, fax to 815-935-4992, or email to transcripts@olivet.edu.