



# 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 \_\_\_\_\_

Purpose for request:  Job  Scholarship  Transferring to \_\_\_\_\_

Transferring coursework back to ONU  Other \_\_\_\_\_

### Regulations concerning issuance of transcripts:

1. Financial obligations to the University must be satisfied.
2. Request must be made IN WRITING by the student.
3. Official Transcripts will NOT be faxed. They are sent via regular first-class mail.
4. UNOFFICIAL TRANSCRIPT - no charge.
5. **FEES for OFFICIAL TRANSCRIPT**
  - Normal (3-5 business day processing) - \$5.00 per transcript
  - **Rush** (one business day processing) - \$10.00 per transcript

OFFICE USE ONLY
Hold _____
Address Change _____
Date Mailed/Faxed/Emailed _____
Short Order Entered _____
Comments _____

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

\_\_\_\_\_ \*

**Student Signature (Required)** \*cannot be typed

Please send (#) \_\_\_\_\_ transcript(s) to:  Official  Official-RUSH  Unofficial  
*Transcript will not be sent if address is incomplete. The transcript will have 'Issued to Student' included on it if you are sending the transcript to yourself.*

Name/Organization Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Number or Email address (*Unofficial Transcripts Only*) \_\_\_\_\_

Hold for:  Final Grades  Degree Conferral

**Total Payment Amount:** Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_

If paying with a **credit card** please provide a phone number where you can be reached during regular business hours, for payment processing. Daytime Phone \_\_\_\_\_

*Mail this form to above address, fax to 815-935-4992 or email to [transcripts@olivet.edu](mailto:transcripts@olivet.edu).*