



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

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

_____ *

Student Signature (Required) *cannot be typed

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

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 (*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.