



Ave Maria University
Office of Academic Records
Ave Maria, FL 34142
Phone: (239)280-2565
Fax: (239) 280-2566

TRANSCRIPT REQUEST FORM

Name _____

Maiden Name _____

Address _____ City, State Zip _____

Telephone _____ University ID Number _____

Date of birth _____ E mail Address _____

School Attended: Ave Maria University ____ Ave Maria College ____ I.P.T. ____

Bachelor Degree ____ Master Degree ____ Doctorate Degree ____

Yes, I am a current student No, I am a previous student

Dates of Attendance _____

Choose one of the following:

send transcript immediately

hold for pickup: _____ (date) Proper I.D required.

hold until the grades for _____ semester are posted

Please mail an official unofficial transcript to the following address:

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Transcripts cannot be issued without the student's written permission (FERPA.1974)

NOTE: All financial obligations to the University must be resolved before a transcript will be released.

The transcripts are available for \$3 per copy. Graduates/Alumni are entitled to 5 free transcripts; requests for documents after the first 5 will be at a cost of \$3 per copy.

Please allow 3-5 business days to process transcript requests.

PLEASE RETURN THIS FORM TO THE OFFICE OF ACADEMIC RECORDS.