TRANSCRIPT REQUEST

TODAY'S DATE: _____ **SOCIAL SECURITY NO. -** _____

DATE OF BIRTH: _____

YEARS OF ATTENDANCE: _____

DEGREE(S) PURSUED/EARNED: _____

NAME: _____

ADDRESS: _____

_____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SEND TO: _____

_____

_____

Instructions: ____ please mail
____ will pick up
____ hold for grades

# of Copies: ____ Unofficial student copy ($ 7.00)
____ Regular process of official copy ($ 9.00)
____ Rush service for official copy ($ 12.00)
____ Same day request ($12.00)

- *Make check/money order out to CTU or call the business office at 773-371-5407 to pay by credit card*

Transcript policy: It is the policy of the registrar's office to release transcripts only to the institution, agency, or person for whom the transcript was requested. Such transcripts will be mailed directly by the registrar's office. Official transcripts picked up by the student/graduate will read "Issued to Student."

Holds: Transcripts requested by students with a financial hold cannot be released.

Student's signature _____

Required

Mail to: (with necessary payment)
Catholic Theological Union, C/O: Registrar's Office, 5401 S. Cornell Ave.,
Chicago, IL 60615