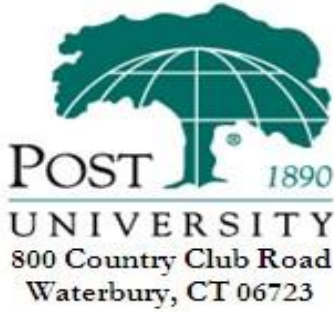


Online Transcript Request Form

DATE OF REQUEST ____/____/____



I hereby authorize the release of my student transcript, grades and credits.

Student's Name: _____

Student's Signature: _____

Date of Birth: _____ Student ID#: _____

Phone Number: _____ Are you currently enrolled? ☐ Yes ☐ No

Number of Official Transcripts: ____ Number of Unofficial Transcripts: ____

Please forward transcripts to:		
NAME and/or TITLE		
INSTITUTION or COMPANY		
STREET ADDRESS		
CITY	STATE	ZIP

When do you want your transcripts sent?		<input type="checkbox"/> End of Module/Semester
<input type="checkbox"/> Current Transcript		<input type="checkbox"/> Once Degree is Conferred
Payment Options		
<input type="checkbox"/> OFFICIAL TRANSCRIPT (\$10) <input type="checkbox"/> UNOFFICIAL TRANSCRIPT (\$3)		
<input type="checkbox"/> Credit Card		<input type="checkbox"/> Check (Enclose with form)
CREDIT CARD NUMBER	EXP. DATE	

Please send this form to:

By Mail:
Post University
Attn: ADP Student Accounts
800 Country Club Road
P.O. Box 2540
Waterbury, CT 06723-2540

By Fax:
203.841.1119

By Email:
PostADPStudentAccounts@post.edu

Contact Post University Finance Office at:
1.800.345.2562 Ext. 2751

PLEASE NOTE THE FOLLOWING:

1. **Form must be signed by student in order to legally release transcript(s).**
2. Please allow 5-7 business days for processing.
3. All financial obligations must be reconciled before transcripts will be released.
4. Use separate form for each different mailing address to which you desire your transcripts forwarded.