

# Transcript Request Form

## OFFICIAL TRANSCRIPTS MAY BE MAILED TO:

(Domestic Mail): Drexel University • Transcript Processing • PO Box 34789 • Philadelphia, PA 19101

(International Mail): Drexel University • Transcript Processing • 3141 Chestnut Street • Philadelphia, PA 19104-2876

## APPLICANT INSTRUCTIONS:

Please complete this form and forward to either the counselor or registrar of your high school or college. Please be sure to send this form early enough so your transcript can be received before the deadline. You may photocopy this form if needed.

Applicant's Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Required) Month/Day/Year

Dates of Enrollment: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Degree (*transfers only*): \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Year

I hereby authorize the release of this transcript/mark sheet of my academic record to Drexel University.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year