

# Transcript Request Form

## OFFICIAL TRANSCRIPTS MAY BE MAILED TO:

By Postal Mail: Drexel University • Transcript Processing • PO Box 34789 • Philadelphia, PA 19101

By Express Courier (DHL, FedEx, UPS, etc.): 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. **Please duplicate this form and submit to all institutions attended.**

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

Minimum passing grade: \_\_\_\_\_  
(*freshman students only*)

A high school transcript must reflect 9th, 10th, and 11th grade coursework and grades earned.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_