

Transcript Request Form

OFFICIAL TRANSCRIPTS MAY BE MAILED TO:

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

By Express Courier (DHL, FedEx, UPS, etc): Drexel University • Application Processing • 3141 Chestnut Street • Philadelphia, PA 19104-2876

APPLICANT INSTRUCTIONS

Please complete this form and forward to either the counselor or registrar of your college or high school. 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

Date of Enrollment: _____ to _____
Month/Year Month/Year

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

Applicant's Signature: _____ Date: _____