

**Clarion University of Pennsylvania  
Official Transcript Request Form**

**Transcript Request Form Instructions:**

1. Students must type directly on this form or print legibly.
2. Form may be faxed, mailed, or scanned to:  
**Clarion University Registrar's Office**  
122 Carrier Administration  
840 Wood Street  
Clarion, PA 16214  
Fax: (814)393-2039  
registrar@clarion.edu

**PLEASE NOTE:**

- There is a **LIMIT OF 3 TRANSCRIPTS PER REQUEST!** We will only accept **ONE REQUEST PER DAY!**
- Multiple daily requests will not be honored or held.
- In most cases, transcripts will be processed within 3 business days.
- Requests will **NOT** be honored for a person who has a financial hold or another obligation to the University.
- The student **MUST** provide written permission if someone else will be picking up their transcript.
- Your **ENTIRE** academic transcript will be sent (this would include all careers at Clarion).

**STUDENT INFORMATION**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Federal law requires that the student sign & date this request.*

Current Name \_\_\_\_\_

\*If you want your name changed on your record, you must complete the name change form available at: [www.clarion.edu/registrar/forms](http://www.clarion.edu/registrar/forms)

All Former Names \_\_\_\_\_ Clarion ID or SSN \_\_\_\_\_

Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Dates of Attendance/Graduation \_\_\_\_\_

**TRANSCRIPT ORDER INFORMATION**

**Total number of copies requested** \_\_\_\_\_ (limit 3)

*If transcripts are being sent to you, we will mail to the address noted in the student information section. Please indicate # of copies being mailed to you.* \_\_\_\_\_

**Transcripts sent via electronic delivery will NOT be sent via regular mail also.**

*If you need the transcripts in separately sealed envelopes, please check here.*

Electronic transcript delivery is a delivery method Clarion is offering via eSCRIP-SAFE. Transcripts to institutions that are participating in the eSCRIP-SAFE network will be delivered electronically. To see a list of institutions that we can send electronic transcripts to, view the [eSCRIP-SAFE network membership list](#). If the institution is not on this list or if you would like your transcript sent to an individual, please provide the name and email address of the recipient and we will deliver it electronically through eSCRIP-SAFE's out of network service. **This service is ONLY available for students who attended Fall 1985 to present.**

**Indicate email address for confirmation of electronic delivery only** \_\_\_\_\_

1. **Select ONE Delivery Method:**  Regular Mail  Electronic Delivery (Email)  Pick Up in Person (Photo ID is required)

**When to Process: (Select ONE)**  Immediately  After Grades (semester) \_\_\_\_\_  After degree (semester) \_\_\_\_\_

Name of recipient/institution \_\_\_\_\_ ATTN/Office \_\_\_\_\_

E-mail or Mailing Address \_\_\_\_\_

Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. **Select ONE Delivery Method:**  Regular Mail  Electronic Delivery (Email)  Pick Up in Person (Photo ID is required)

**When to Process: (Select ONE)**  Immediately  After Grades (semester) \_\_\_\_\_  After degree (semester) \_\_\_\_\_

Name of recipient/institution \_\_\_\_\_ ATTN/Office \_\_\_\_\_

E-mail or Mailing Address \_\_\_\_\_

Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. **Select ONE Delivery Method:**  Regular Mail  Electronic Delivery (Email)  Pick Up in Person (Photo ID is required)

**When to Process: (Select ONE)**  Immediately  After Grades (semester) \_\_\_\_\_  After degree (semester) \_\_\_\_\_

Name of recipient/institution \_\_\_\_\_ ATTN/Office \_\_\_\_\_

E-mail or Mailing Address \_\_\_\_\_

Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_