

Pontifical College Josephinum
-Transcript Request for Current Students-

Date: _____

Current Name: First: _____ M.I.: _____ Last: _____

Former Name: First: _____ M.I.: _____ Last: _____

Current Address Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Birth date (mm/dd/yyyy): _____ SSN (last 4): _____

Dates of attendance (mm/dd/yyyy): _____

No. of copies: _____ Copy prior to final grades _____ Copy with final grades _____

**Name and Email* of Recipient plus the
Name & Physical Address of the institution:**

I hereby authorize the Pontifical College Josephinum to release a transcript of my academic record.

Your signature: _____

Send request to:

Office of the Registrar

or

Facsimile: 614-985-2300

Pontifical College Josephinum

7625 North High Street

Columbus, OH 43235

Cost: No cost for current students.

* The transcript will be sent electronically which necessitates the email address for the recipient.