



# Official Transcript Request Form

Official academic transcript requests can be made in person, by mail or fax.

**IN PERSON:**

Submit this completed form on campus at Trinity College of Nursing & Health Sciences to the Student Services Department.

**BY MAIL:**

Mail completed form to:  
Trinity College of Nursing & Health Sciences  
2122 - 25th Ave. Rock Island, IL 61201-5317

**BY FAX:**

Faxed requests should be made to: 309-779-7748

**It is the student's responsibility to verify there are no transcript holds on their account.**  
Please check the My Pulse portal at [www.trinitycollegeqc.edu](http://www.trinitycollegeqc.edu) or inquire at the Office of the Registrar.

**If you have a transcript hold on your account, your request cannot be processed and you will be required to submit a new request once you have cleared your transcript hold.**

**STUDENT INFORMATION/AUTHORIZATION**

Social Security Number	Currently Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last, First, Middle)	Dates Attended _____ Year First Attended - Year Last Attended
Street Address	Please list former/maiden name: _____
City/State/ZIP	Date of Birth: _____
(Include Area Code) Phone _____	E-mail _____
<p><b>Your transcript cannot be released/mailed with out your signature.</b> I affirm that I am the above-named student. In compliance with FERPA, I hereby give written consent and authorize Trinity College of Nursing &amp; Health Sciences to release my academic record as ordered.</p> <p>X _____ Date: _____</p>	
	Previous Name(s): _____ If applicable

**PROCESS OPTIONS**

Picture ID is required with request and at time of pick up. "Issued to Student" will be noted on the transcript(s).

- Rush Order** 48 hrs. \$10 fee per transcript
- Pick Up** in 5-7 business days.  
Student will pick up at Trinity College of Nursing & Health Sciences
- Mail Order** to address(es) provided. Processing time is 5-7 business days.  
Please allow additional time for delivery. Be sure to include name of recipient or institution on first line.

**Special Processing Requests**

- HOLD** processing until current term grades are posted  
Term: \_\_\_\_\_
- HOLD** processing until degree is conferred.  
Degree: \_\_\_\_\_ Month/Year: \_\_\_\_\_
- Please check here if this request satisfies a licensure requirement.

<b>Recipient/Mailing Address #1</b> _____ (Quantity) Recipient/Institution _____ _____ _____	<b>Recipient/Mailing Address #2</b> _____ (Quantity) Recipient/Institution _____ _____ _____
Additional mailing addresses may be listed on the reverse side, if needed. Please check box if additional mailing addresses are provided <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**IMPORTANT PLEASE READ:**

- There is NO FEE for this service unless requesting a "Rush Order"
- Transcripts CANNOT be faxed or e-mailed.
- Inaccurate or incomplete information submitted on this form may cause a delay in processing.
- Please allow additional processing time at the beginning and end of each semester.
- Transcripts from other institutions will not be re-released and must be ordered from original school(s).