TCONHS-1

TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

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 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

Name (Last, First, Middle)

Street Address

City/State/ZIP

(Include Area Code) Phone E-mail

Currently Enrolled: ☐ Yes ☐ No

Dates Attended _____
Year First Attended - Year Last Attended

Please list former/maiden name:

Date of Birth: _____

Previous Name(s):

If applicable

Your transcript cannot be released/mailed with out your signature.
I affirm that I am the above-named student. In compliance with FERPA, I hereby give written consent and authorize Trinity College of Nursing & Heath Sciences to release my academic record as ordered.

X_____ Date: _____

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.

Recipient/Mailing Address #1 _____ (Quantity)	**Recipient/Mailing Address #2**_____ (Quantity)
Recipient/Institution	Recipient/Institution

Additional mailing addresses may be listed on the reverse side, if needed. Please check box if additional mailing addresses are provided ➔ ➔ ➔ ☐

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).