



Transcript Request Form

Students who graduated prior to 1996 are unable to request emailed/electronic transcripts.

All transcript requests, whether official or unofficial, require submission of this completed form and payment. Transcripts provided to the student will be stamped ISSUED TO STUDENT. Verify the method preferred by the receiving institution to prevent additional processing fees.

Student Information/Authorization

Last Name:	First Name:	Middle Name:	
Maiden/Former Name(s):			
Social Security #:	Date of Birth:	Dates Attended:	
Address:	City:	State:	Zip:
Email:		Phone:	
Your transcript cannot be released/processed without 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 & Health Sciences to release my academic record as ordered.			
Signature:		Date:	

Process Options

Note: Transcripts will not be processed until payment is received. Each price is per transcript processed by either email, mail, or fax.

- Rush (24 hour processing): \$20 per transcript
- Standard (5 – 7 business days): \$10 per transcript
- Hold for grades. Term: _____ \$10 per transcript
- Hold for degree. Term: _____ \$10 per transcript

Payment

- Cash (do not mail cash) Amount: \$ _____
- Check or Money Order Amount: \$ _____
(Made payable to Trinity College)

- Credit Card (Visa, Master Card, Discover or American Express)

Card # _____

Expiration: _____ Security Code: _____

Amount: \$ _____

Authorized Signature: _____

Recipient # 1	<input type="checkbox"/> Email/Electronic	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	Recipient # 2	<input type="checkbox"/> Email/Electronic	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
Name:				Name:			
Institution:				Institution:			
Street:				Street:			
City, State, Zip:				City, State, Zip:			
Fax Number:				Fax Number:			
Email delivery address:				Email delivery address:			
Additional mailing addresses may be listed on the reverse side, if needed. Please check box if additional mailing addresses are provided → → →							

Submission:

It is the student's responsibility to verify there are no billing holds on their account. Please check My Pulse at www.trinitycollegeqc.edu or inquire at the Office of the Registrar. **The request cannot be processed and a new form will be required once the billing hold has been cleared.**

Submit the completed form with payment to:

Mail: Trinity College of Nursing & Health Sciences
2122 25th Ave
Rock Island, IL 61201

Fax: 309.779.7748

Email: TQCStudentServices@trinitycollegeqc.edu