



PONTIFICAL COLLEGE  
JOSEPHINUM

OFFICE OF THE REGISTRAR

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  
Pontifical College Josephinum  
7625 North High Street  
Columbus, OH 43235

or

Facsimile: 614-985-2300

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Cost: No cost for current students.

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