## The University of Toledo Request for academic transcripts



Student: Although this form is not required when requesting transcripts, it is beneficial since most colleges require a signed, written request for rolling transcripts by the student. Complete the following and submit it to the records office of the college(s) you have previously attended. Please include previous names, if applicable. When requesting transcripts, please note that a fee may be required. If necessary, you may make additional copies of this form. NOT TO BE USED TO REQUEST MAILING OF UNIVERSITY OF TOLEDO TRANSCRIPTS. Please use Office of the

| Registrar official transcript reque<br>Student- Please select the appro  |   | ☐ <b>Main Campu</b><br>The University   | s y of Toledo aduate Studies MS 933  | ☐ <b>Health Science</b> The University College of Grad Toledo, OH 43   | of Toledo<br>duate Studies MS 1042  |
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| <b>College</b> : In order to complete a stude student's address on the transcript.   | ent's file, the Univers   | ity must have an o  | official copy of previous co   | llege academic transci   | ripts. Please include the   |
| PERSONAL INFORMATION   | (PLEASE PRINT)  |   |  |  |   |
| NameFamily Name  |   |   |  |  |   |
|  |   | First   | Middle   |  | Previous Name(s)  |
| Date of Birth / / / YY   | Gender: ☐ Ma  | ıle □ Female  | E-mail   |  |   |
| PERMANENT ADDRESS  |   |   |  |  |   |
| Street   |   |   |  | City   |   |
| Province/State   | Nation  |   | Postal Code  | Phone ( _  | )   |
| I attended   |   |   | from   | M / DD / YY to   | ///   |
| Signature  |   |   | Γ  | Date:  |   |
| Student: Although this form is not a transcripts by the student. Complete previous names, if applicable. When this form. NOT TO BE USED TO Registrar official transcript reques Student- Please select the approach to complete a student student's address on the transcript. | required when request<br>the following and su<br>a requesting transcript<br>O REQUEST MAII<br>st form located at ropriate campus: | ting transcripts, it bmit it to the recours, please note tha LING OF UNIV registrar.utoledo  Main Campu The University College of Gra Toledo, OH 4: | rds office of the college(s) ta fee may be required. If ERSITY OF TOLEDO dedu. s y of Toledo aduate Studies MS 933 3606-3390 | you have previously a necessary, you may m TRANSCRIPTS. Pl  Health Science The University College of Grace Toledo, OH 43 | ttended. Please include ake additional copies of ease use Office of the  Campus of Toledo duate Studies MS 1042 614 |
| PERSONAL INFORMATION   | (PLEASE PRINT)  |   |  |  |   |
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\_ Date: \_