

OFFICIAL TRANSCRIPT REQUEST

RO-7 Rev Jan2019



THE UNIVERSITY OF
TOLEDO
1872

Office of the Registrar

Main Campus
Rocket Hall, Room 1100
Mail Stop 322
Toledo, OH 43606-3390
registrar@utoledo.edu

Health Science Campus
1st Floor, Mulford Library
Mail Stop 1041
Toledo, OH 43614
hscregistrar@utoledo.edu

Official academic transcript requests can be made online, in person, by mail or fax. Orders placed online take less processing time.

IN PERSON: Submit this completed form on **Main Campus** at **Rocket Solution Central, Rocket Hall, Room 1200.**
Health Science Campus students can submit this form at the **Student Service Center, 1st Floor of Mulford Library**

BY MAIL: Transcripts — Office of the Registrar, MS 322
The University of Toledo
2801 W. Bancroft St.
Toledo, OH 43606-3390

Official transcripts can be ordered online through the myUT portal. PDF transcripts available through the online system only.

BY FAX: 419.530.4828

IMPORTANT: It is the student's responsibility to verify there are no transcript holds on their account.

Please check the portal at <http://myut.utoledo.edu> or inquire at Rocket Solution Central on Main Campus (419.530.8700) or the Health Science Campus Student Service Center if you are unsure of the status of your account.

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

Please Print Legibly.

R

ROCKET ID# (SSN if R# unknown)

Name (Last, First Middle)

Street Address

City/State/ZIP

Phone Personal E-Mail (for contact purposes)

Currently Enrolled: Yes No

Date of Birth: _____

Dates Attended: _____
Year First Attended — Year Last Attended

Previous Name(s): _____
(If applicable)

Indicate if you attend or attended:

Medicine MUO/MCO

Your transcript cannot be released/mailed without your signature.

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize The University of Toledo to release my academic record as ordered.

X _____ Date: _____

Processing Options Combined daily limit of 9 transcripts.

On Demand processing (daily limit of 2).
Available at Rocket Solution Central.

Pick up in 5 business days.
Student will pick up at Rocket Solution Central.

Mail to address(es) provided. Processing time is 5 business days. Please allow additional time for delivery. **Be sure to include name of recipient or institution on first line.**

Quantity

Picture ID is required with request and at time of pick up.

"Issued to Student" will be noted on the transcript(s).

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/Institution Name

Recipient/Mailing Address #2 _____ (Quantity)

Recipient/Institution Name

Recipient/Mailing Address #3 _____ (Quantity)

Recipient/Institution Name

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

Important—Please Read:

- **DAILY LIMIT:** Combined daily limit of 9 official transcripts including 2 on-demand official transcripts.
- There is NO FEE for this service.
- Transcripts CANNOT be faxed or emailed.

- 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).