

The University of Toledo  
Request for academic transcripts



COLLEGE OF GRADUATE STUDIES  
UNIVERSITY OF TOLEDO

**Student:** Although this form is not required when requesting transcripts, it is beneficial since most colleges require a signed, written request for 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 request form located at registrar.utoledo.edu.**

**Student- Please select the appropriate campus:**  **Main Campus**  
The University of Toledo  
College of Graduate Studies MS 933  
Toledo, OH 43606-3390

**Health Science Campus**  
The University of Toledo  
College of Graduate Studies MS 1042  
Toledo, OH 43614

**College:** In order to complete a student's file, the University must have an official copy of previous college academic transcripts. Please include the student's address on the transcript.

**PERSONAL INFORMATION (PLEASE PRINT)**

Name \_\_\_\_\_  
Family Name First Middle Previous Name(s)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female E-mail \_\_\_\_\_  
MM DD YY

**PERMANENT ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Nation \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

I attended \_\_\_\_\_ from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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