



Office of the Registrar

1476 Lancaster Pike, Circleville OH 43113

Phone: 740.477.7780

Text: 740.500.0465

Email: registrar@ohiochristian.edu

Fax: 877.883.9910 or 740.420.5920

Transcript Request Instructions

- Transcripts are released for students in good financial standing when the Registrar’s Office receives payment and a signed request from the student whose name appears on the transcript.
- Transcript requests are usually processed within one business day.
- Contact us if you need expedited service. There is no extra cost for the transcript, but we will charge you the additional postal service fee for expedited delivery.

To submit this form

1. **Email** a scan or a clear picture of your completed forms registrar@ohiochristian.edu
2. **Text** a clear, well-lit picture of the completed form (740) 500.0465
3. **Fax** your forms (877) 883.9910 or (740) 420.5920
4. **Bring** forms to the Registrar's Office (Johnson Hall, West Entrance on the OCU Campus)
5. **Mail** your request: **Office of the Registrar**
Ohio Christian University
1476 Lancaster Pike
Circleville OH 43113

Charges

- \$7 per transcript
- We will process the request when payment is received
- Pay with cash, check or credit card

The request form is on the following page.

Credit Card Payment

Use this part of the form only to pay by credit card

Type of Card: *(We accept only these cards)*

Visa MasterCard Discover

Cardholders name as it appears on the card: _____

Credit Card billing address: _____

Credit Card Account Number: _____

3-Digit Security Code: _____

Expiration Date: _____

Amount: *(\$7 per transcript requested)* _____

Telephone: _____

(____) _____

Date: _____

Signature: _____



Ohio Christian University Transcript Request

Office Use Only

Payment:

 Credit Cash Check NA

Received (date) _____

 Sent Logged SONIS Bio info updated Transfer info logged Scanned/Uploaded

Preparer (initial) _____

Completed (date) _____

Instructions are on the previous page. Please use a separate form for each request.

Identification and Contact Information

Name (printed): _____ Email address: _____

Street and Number: _____

City: _____ State: _____ Zip: _____

Phone Contact – Cell: (____) _____ Work: (____) _____ Home: (____) _____

Date of Birth: _____ Former last name: _____ SSN (last 4 digits) _____

Student Status: Current Former – Date of last attendance: Semester _____ Year _____Division: AGS Traditional Program TrailblazerPurpose of this request: Employment Scholarship Transfer Grad School Other _____

Sending Information

When shall we send your transcript?

 Immediately When all grades have been entered

You may want this option if a course or term is not yet complete, or if an instructor has not yet submitted the grade.

 When my pending degree is posted

Degree and Date: _____

Office Use Only

Is the transcript complete?

Grades Missing CompleteDegree Showing Not yet conferred

To whom shall we send your transcript?

 A person, school or business Official by mail Unofficial by fax Unofficial by email

Official transcript mailed directly to the person or institution.

Unofficial transcript faxed or emailed to the person or institution.

 Myself, sealed

Official transcript, marked "Transcript is invalid if seal has been broken." Use this option if you are to hand-deliver an official copy. Some institutions will not accept this as an official copy.

 Myself, unsealed

Unofficial transcript marked "Issued to Student"

Where shall we send your transcript?

School, Business, etc. _____

Person or Department _____

Address, Email or Fax# _____

Authorization

Remember to enclose the fee

I authorize Ohio Christian University to release my academic transcript to the person or institution indicated above.

Requestor's Signature (required) _____

Date of Request (required) _____