



UNOFFICIAL TRANSCRIPT REQUEST

Office of the Registrar • Olivet Nazarene University

One University Avenue • Bourbonnais, Illinois 60914 • Phone: 815-939-5201

Full Name _____

Current Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Date of Request _____

Social Security Number _____ ID Number _____

Date of Birth _____

Currently enrolled? Yes No If no, last date of attendance _____

Regulations concerning issuance of Unofficial Transcripts:

1. The request must be made IN WRITING by the student.
2. **UNOFFICIAL TRANSCRIPT - no charge.**

I hereby authorize the release of information contained in my transcript(s).

_____*

Student Signature (Required) *cannot be typed

OFFICE USE ONLY	
Hold	_____
Address Change	_____
Date Mailed/ Faxed/ Emailed	
Comments:	

Please send # _____ Unofficial Transcript(s)

Mail to: Name/Organization Name: _____

Attention: _____

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Zip _____

Fax Number or Email to: _____

Hold for: Final Grades

Mail this form to the above address, fax to 815-935-4992, or email to transcripts@olivet.edu.