

*The Center for Continuous Learning* at Ursinus College  
P.O. Box 1000  
Collegeville Pa 19426

Non-Ursinus Transcript Request Form

Please print all information.

TO BE COMPLETED BY THE APPLICANT

Please complete the information on this form. Send this form to the **attention of the Registrar's Office** of the high school, college, or university you previously attended to request that an official transcript of your grades be sent to Ursinus College. Be sure to include a check for the **school's transcript fee**.

Name of Applicant \_\_\_\_\_  
Last First Middle

Print below the name you were registered under when you attend school:

\_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_

I hereby authorize the release of an official transcript of my academic record to *The Center for Continuous Learning* at Ursinus College. Please mail it to the above address.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date