



Office of Academic Records  
75 College Avenue  
Greenville, PA 16125  
Transcript Request Form  
724-589-2110  
Fax: 724-589-2850

**Please Note: No transcript will be issued for any student or alumnus if financial obligations to the College have not been satisfied.  
Please allow one week for processing.**

Mr./Mrs./Ms. \_\_\_\_\_  
Last First Middle Maiden Name

Address: \_\_\_\_\_  
Street address City St Zip Phone No.

Are you currently enrolled at Thiel? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Would you like your transcripts held until the current semester grades are included: \_\_\_\_\_

If you have previously attended Thiel, please list dates of attendance or your date of graduation:

\_\_\_\_\_

Total number of copies requested: \_\_\_\_\_

Please print in the space(s) below the name and address of the person(s) or institutions where your transcript is to be mailed:

Number of copies: \_\_\_\_\_

Number of copies: \_\_\_\_\_

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**NOTE TO STUDENTS CURRENTLY ENROLLED IN CLASSES:** Having a transcript sent to another college or university does not constitute a formal withdrawal from Thiel College. You must complete a withdrawal form if you are not returning to Thiel College.

**I HEREBY AUTHORIZE THE RELEASE OF MY TRANSCRIPT(S) AS REQUESTED.**

\_\_\_\_\_  
Signature of Student Date