



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: _____

Number of copies: _____

Number of copies: _____

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