

# OFFICIAL TRANSCRIPT REQUEST FORM

## CHRISTENDOM GRADUATE SCHOOL



To request an official transcript, please mail or email the completed form to the address below:

Office of Graduate School Records  
Christendom Graduate School  
4407 Sano Street  
Alexandria, VA 22312

[ndgsregistrar@christendom.edu](mailto:ndgsregistrar@christendom.edu)

The fee is \$5 per transcript. Please note the processing time is two weeks. All transcripts are sent by first-class mail. No transcript will be released if you are not in good financial standing with the College or if we do not have official proof of your bachelor's degree.

### **Student Information** -(Please Print Clearly)

Full Name: \_\_\_\_\_

Name while enrolled (if different): \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Semesters of Attendance/Graduation Year (if known): \_\_\_\_\_

**Forward Transcripts to:** (Please note transcripts mailed to you will be stamped "Issued to Student" and considered official if received in a sealed envelope)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies

Hold for current grades

Send Now

Hold for posting of degree

**Payment Options:**     Enclosed Check                       Credit Card

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

I authorize the Christendom Graduate School to release my transcripts to the above institution/person. I also authorize the charge to my provided credit card if I have checked this payment option.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Amount Paid: \_\_\_\_\_