Chestnut Hill College Transcript Request Form ~ *$5 for each copy.* ~

Please DO NOT SEND CASH – we accept all major credit cards, checks and money orders/Information: 215-248-7005

Chestnut Hill College Registrar 9601 Germantown Avenue Philadelphia, PA 19118-2623 - Secure email: registrar@chc.edu

Last Name	**First Name**	**Middle Name**

CHC ID# (if known)		**Last four of SSN**	**Any other name(s) under which you attended:**
E-mail		**Birth Date**	M M D D Y Y
Day #		**Cell**	

** Please sign here. ** You must sign this request to release your records! Unsigned requests will not be processed!

X _____ *Date:*

Major/Program:	**Did you receive a degree?**		
	YES. Enter month/year:		**NO**. Enter approximate dates of attendance:

Please ☑:	☐ Undergraduate ☐ Continuing and Professional Studies ☐ Graduate ☐ I don't recall.
Expedited Services ☑ (Choose one):	☐ **YES.** Do you need **expedited services** for an extra charge? The charge for expedited service is **$15 per transaction** in addition to the transcript fee **($5 each).** Expedited requests are typically processed within 24 hours. ☐ **YES.** Do you need **expedited FedEx services** for an extra charge? Please **call 215-248-7005** to arrange. Charges normally range from **$20-$75** in addition to the transcript fee **($5 each).** All FedEx orders include tracking information.
Please ☑:	☐ Mail my transcript (s) to the recipient(s) below. ☐ Hold for current semester grades. ☐ Hold for degree conferral. ☐ I will pick them up on campus: ****Please enter the date/time you would like to pick-up** – *must be at least 48-hours following request:* **____ /____ at ____:____ am / pm (pick up time must be within Registrar Office Hours - Monday-Friday, 8:30am-5:00pm)**

Recipient #1/Or, if this is a PICK-UP request, enter YOUR information.**		*# of transcripts to this recipient:*	
Name/School			
Address			*X $5 each*
Address		*= this amount:*	*$*
City, State, Zip			
Recipient #2 (if needed)		*# of transcripts to this recipient:*	
Name/School			
Address			*X $5 each*
Address		*= this amount:*	*$*
City, State, Zip			
Recipient #3 (if needed)		*# of transcripts to this recipient:*	
Name/School			
Address			*X $5 each*
Address		*= this amount:*	*$*
City, State, Zip			
		***Total amount due** (including any applicable expedited fees)*	*$*

Check or money order made payable to **Chestnut Hill College** *enclosed, OR charge the amount indicated to:*

Name on card, if different than yours: _____

																	M	M	Y	Y					

Credit Card Number *Expiration Date* *3- or 4-digit code*

***Normal processing for mailed transcripts is approximately 5 to 7 business days.** All transcripts are paper hardcopies and mailed via US Postal Service except specified FedEx transactions. **PLEASE NOTE:** If there are HOLDS on your account, your request for transcripts will not be processed but will be returned to you.*