The Catholic University of America
Office of Enrollment Services
Transcript Request Form

Instructions:

1. This request must contain student's signature.
2. For purpose of identification, you must include:
   a. Student's name and any additional names
   b. Date of birth
   c. Current contact information
3. Request must contain complete name and address of each transcript recipient.

Transcripts can NOT be sent electronically or via fax.

Completed forms must be sent by email to:

Email: cua-transcripts@cua.edu

Please note: Current students and alumni from 2000 to the present must submit their transcript request online via Cardinal Station.

Please call 202-319-5300 for inquiries or questions.

Student Name: _____ Student ID#: _____
(Last, First, MI)

Former Name(s): _____ Date of Birth: _____/_____/_____
(mm/dd/yyyy)

Address: _____
Street Address/PO Box City State Zip Code

Phone: (_____)_____ -_____ Email Address: _____

Dates of Attendance: _____ to _____ Graduation Date: _____ Major: _____

☐ Hold _____ transcript(s) for pick-up in the Office of Enrollment Services. Transcripts will be held for 30 days.
# of copies

☐ Mail transcript(s) to each of the below recipients. You must provide the complete name & address for each recipient.

# of copies Name/Institution Department/Attention

Street Address/PO Box City State Zip Code

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# of copies Name/Institution Department/Attention

Street Address/PO Box City State Zip Code

# of copies Name/Institution Department/Attention

Street Address/PO Box City State Zip Code

Signature of Student: _____ **Date:** _____

Please note: Current students and alumni from 2000 to the present must submit their transcript request online via Cardinal Station.

Orders will be processed within 5-7 business days of receipt.
Your transcript cannot be released if tuition or fees are owed to the University.