



Office of Enrollment Services

Your transcript cannot be released if tuition or fees are owed to the University.

Orders will be processed within 5-7 business days of receipt.

**Instructions:**

1. This request must contain student's signature
2. For purpose of identification, you must include:
  - a. Student 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 [cua-transcripts@cua.edu](mailto:cua-transcripts@cua.edu)

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

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 to each of the below recipients. You must provide the complete name & address for each recipient.

# of copies	Name/Institution	Department/Attention
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<small>Street Address/PO Box</small>	<small>City</small>	<small>State Zip Code</small>
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# of copies	Name/Institution	Department/Attention
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<small>Street Address/PO Box</small>	<small>City</small>	<small>State Zip Code</small>
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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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