Transcript Request

Office of the Registrar • 600 S. Paulina St., Suite 440, Chicago, IL 60612-3873 • Phone: (312) 942-5681 • **Fax: (312) 942-2310**

Please note: **This form will be used as the cover page.**

Send transcript to: (Please print)

Student ID # _____

Last 4 of Social Security #: **xxx-xx-**_____

Currently attending? Yes ☐ No ☐

Last date attended? Month _____ Yr _____

Date of Birth: Month _____ Day _____ Yr _____

Major? _____

Number of transcripts requested ☐

Name While Attending? _____

All Rush University transcripts are official.

Please check **any** of the following that apply. Transcripts issued directly to the student will be stamped "Issued to Student" in all cases. Please allow 5-6 business days for processing.

- ☐ Send transcript in a sealed envelope to address above.
- ☐ Hold for current term grades.
- ☐ Hold for posting of degree/certificate.
- ☐ Pick up transcript in a sealed envelope. You will receive notice via e-mail when ready for pick up.
- ☐ *Request a Medical Student Performance Evaluation Letter (MSPE). ***(Rush Medical College students only)***

Please provide us with your e-mail address so we can contact you should there be questions about your transcript request:

Email: _____

_____
Student's Signature (**form will not be processed if omitted**)

_____
Date of Request

Student's Name and Address: (Please print)

☐ Please mark this box if you wish for the Office of the Registrar to update its records with the address you've listed above.

Transcripts sent to multiple addresses require a separate Transcript Request for each address.

Transcripts are sent via the U.S. Postal Service. Please factor in delivery time when requesting a transcript.

***Medical students requesting a MSPE should be aware that it could take longer than 5-6 days as the MSPEs are stored off site. MSPEs cannot be released to the student.**

Transcripts will be processed only after all financial obligations are met.