

JOHN CABOT UNIVERSITY - TRANSCRIPT REQUEST FORM

Please **PRINT** and **COMPLETE** the following request and either fax, email a scanned copy, or mail it to:

The Office of the Registrar

Fax: +39 (06) 687-1320

Phone: +39 (06) 681-91218

Email: registrar@johncabot.edu

John Cabot University - Via della Lungara, 233 - 00165 Rome, Italy

The first transcript request is free.*

JCU is **not financially responsible** for transcripts lost in the mail.

Last Name:	First Name:	
Date of Birth:	Dates of Attendance:	
Email, Fax, or Telephone:	Your <i>Permanent</i> mailing address:	
Total N° of Transcripts requested _____ at €10 / \$10 per transcript	Check if you would like UPS shipment (extra charge of \$20 per UPS shipment commissioned) <input type="checkbox"/> <i>[UPS does not ship to PO BOX addresses]</i>	
Transcript Fee:	Means of Payment – please check one: Credit Card** <input type="checkbox"/> Online Payment (EU & \$) <input type="checkbox"/>	
Please Circle: VISA / MasterCard / American Express	Credit Card Number:	
Card Holder Name: _____	Credit Card Expiration Date:	
DATE: ____/____/____	Student's Signature:	
INDICATE TRANSCRIPT RECIPIENTS BELOW:		
Transcript Recipient	N° of Transcripts	Address to which transcripts should be sent:
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*Please note that any student whose university account is not clear at the time of processing will not be issued a transcript.

**Please note that USD amounts will always be charged in Euros at the daily rate.