# Online Transcript Request Form

DATE OF REQUEST _____ /_____ /_____

POST 1890
UNIVERSITY
800 Country Club Road
Waterbury, CT 06723

I hereby authorize the release of my student transcript, grades and credits.

Student's Name: _____

**Student's Signature:** _____

Date of Birth: _____ Student ID#: _____

Phone Number: _____Are you currently enrolled? ☐ Yes ☐ No

Number of Official Transcripts: ____ Number of Unofficial Transcripts: ____

| **Please forward transcripts to:** | | |
|---|---|---|
| | | |
| **NAME and/or TITLE** | | |
| **INSTITUTION or COMPANY** | | |
| **STREET ADDRESS** | | |
| **CITY** | **STATE** | **ZIP** |

**When do you want your transcripts sent?** ☐ **End of Module/Semester**
☐ **Current Transcript** ☐ **Once Degree is Conferred**

**Payment Options**

☐ OFFICIAL TRANSCRIPT **($10)** ☐ UNOFFICIAL TRANSCRIPT **($3)**

| ☐ **Credit Card** | ☐ **Check** (Enclose with form) |
|---|---|
| _____ _____ | |
| **CREDIT CARD NUMBER** **EXP. DATE** | |

**Please send this form to:**

**By Mail:**
Post University
Attn: ADP Student Accounts
800 Country Club Road
P.O. Box 2540
Waterbury, CT 06723-2540

**By Fax:**
203.841.1119

**By Email:**
PostADPStudentAccounts@post.edu

**Contact Post University Finance Office at:**
**1.800.345.2562 Ext. 2751**

**PLEASE NOTE THE FOLLOWING:**

1. **Form must be signed by student in order to legally release transcript(s).**
2. Please allow 5-7 business days for processing.
3. All financial obligations must be reconciled before transcripts will be released.
4. Use separate form for each different mailing address to which you desire your transcripts forwarded.