



VILLANOVA
UNIVERSITY

PART-TIME STUDIES

* OFFICIAL TRANSCRIPT REQUEST *

STUDENT:

- Complete, date, and sign form
- Forward to the high school from which you graduated or which you last attended
- Students with prior college work should also request a copy of all college transcripts

GUIDANCE DEPARTMENT / REGISTRAR:

- Please include current and prior name on transcripts so we may match records
- Send all records to: Office of Part-Time Studies
Villanova University
800 Lancaster Avenue
Villanova, PA 19085

Name _____

Name on Official Transcript _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Social Security Number _____

Name of School / College _____

Date of Graduation _____ Last Date of Attendance _____

I hereby authorize the above-named school to release a copy of my transcript to the Office of Part-Time Studies of Villanova University.

Student Signature

Date