



Official Transcript Request Form

(Please print) Name on CCON Record: _____	Student ID or last 4 digits of SSN: _____			
Important Notice	<p>IMPORTANT - Please note the following:</p> <p>CCON can only process official transcripts for graduates/attendees from:</p> <ul style="list-style-type: none"> ✓ Columbia Hospital of Nursing Diploma program ✓ Graduates of CCON's BSN program (Fall 2011-present) ✓ Columbia St. Mary's School of Radiologic Technology ✓ Columbia St. Mary's School of Diagnostic Medical Sonography <p>CCON cannot process official/unofficial transcript requests for graduates/attendees of the joint BSN program of Carroll University/Carroll College (CU, http://www.carrollu.edu/) or Mount Mary University/Mount Mary College (MMC, http://mtmary.edu/). Please contact the Registrar's office at the appropriate school for your records.</p>			
Student Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Current Name: _____ Address: _____ City, State, Zip: _____ Telephone number: _____ Email: _____ Date of Birth: _____ Name(s) while you attended: _____ _____ Date of Graduation: _____ Dates of Attendance: _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> Today's date: _____ I am a graduate/attendee of: <input type="checkbox"/> Columbia Hospital of Nursing Diploma Program <input type="checkbox"/> CCON BSN program (2012-present) <input type="checkbox"/> CSM School of Radiologic Technology <input type="checkbox"/> CSM School of Diagnostic Medical Sonography </td> </tr> </table> <p style="text-align: right; color: red; font-weight: bold; margin-top: 10px;"> IMPORTANT NOTICE TO STUDENTS OF: Carroll University - joint BSN program Mount Mary University - joint BSN program Please contact CU or MMU directly for your records. </p>	Current Name: _____ Address: _____ City, State, Zip: _____ Telephone number: _____ Email: _____ Date of Birth: _____ Name(s) while you attended: _____ _____ Date of Graduation: _____ Dates of Attendance: _____	Today's date: _____ I am a graduate/attendee of: <input type="checkbox"/> Columbia Hospital of Nursing Diploma Program <input type="checkbox"/> CCON BSN program (2012-present) <input type="checkbox"/> CSM School of Radiologic Technology <input type="checkbox"/> CSM School of Diagnostic Medical Sonography	
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Mailing Information	<p>SEND TRANSCRIPTS TO:</p> <p>Institution/Name: _____ Attn to: _____ Address: _____ City, State, Zip: _____</p> <p><i>*A separate form should be completed if you need transcript(s) sent to more than one address.</i></p> <p style="background-color: yellow; font-weight: bold; margin: 5px 0;">TRANSCRIPTS ISSUED OR SENT DIRECTLY TO STUDENT:</p> <p><i>Every transcript that is issued directly to a student is clearly marked as such. Because many institutions and other entities will not accept a transcript that has been in the student's possession, we strongly recommend you request the Office of the Registrar to mail a transcript directly to the institution/entity involved. If you choose not to follow this recommendation, you are liable for any further charges for additional transcripts.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Send _____ copy(ies) of my official transcript via: <input type="checkbox"/> Standard delivery (3-5 days) - \$6 each <input type="checkbox"/> Urgent/Rush delivery (same day) - \$10 each </td> <td style="width: 50%; border: none; vertical-align: top;"> Instructions: <input type="checkbox"/> Send now <input type="checkbox"/> Hold for pick-up (ID required) <input type="checkbox"/> Send after semester grades are posted </td> </tr> </table> <p style="color: red; font-weight: bold; margin-top: 10px;"> Transcript requests <u>will not</u> be processed without full payment Transcript requests must be received by 3 p.m. CT or they will be processed as if received the next business day </p> <p>I hereby consent to have my transcript(s) released to the address above:</p> <p>SIGNATURE: _____ <i>Student signature is required for release of transcripts due to The Family Rights and Privacy Act of 1974</i></p>	Send _____ copy(ies) of my official transcript via: <input type="checkbox"/> Standard delivery (3-5 days) - \$6 each <input type="checkbox"/> Urgent/Rush delivery (same day) - \$10 each	Instructions: <input type="checkbox"/> Send now <input type="checkbox"/> Hold for pick-up (ID required) <input type="checkbox"/> Send after semester grades are posted	
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Payment Method	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Check <i>(Payable to CCON)</i> </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Cash <i>(In person only)</i> </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> MC/VISA/AE/DISCOVER <i>(Circle one)</i> </td> </tr> </table> <p>Card holder Name _____ Credit Card # _____ Expiration Date _____</p> <p style="text-align: center; color: gray; font-weight: bold; margin-top: 10px;"> <i>Submit this form to the Registrar's Office in person, by mail, or by fax to 4425 North Port Washington Road, Glendale, WI 53212 Fax: 414-326-2331</i> </p>	<input type="checkbox"/> Check <i>(Payable to CCON)</i>	<input type="checkbox"/> Cash <i>(In person only)</i>	<input type="checkbox"/> MC/VISA/AE/DISCOVER <i>(Circle one)</i>
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Office Use	<input type="checkbox"/> Transcript Issued: _____ <input type="checkbox"/> Payment Received <div style="text-align: right; margin-top: 20px; font-size: small; color: gray;">June 2015</div>			