



**University of Pittsburgh
At Greensburg**

Office of the Registrar, 150 Finoli Drive, Greensburg, PA 15601

TRANSCRIPTS

**Fee of \$6.00 for each transcript mailed. Fee of \$3.00 for each transcript "Issued to Student" requested.
There is an additional \$20.00 fee for Express Mail service within the contiguous United States.**

Request for: _____ # of Official Transcripts Take Mail

Please hold my transcript until the following are available for the current term: Grades Degree

You must show some form of photo identification if making your request in person. If you are unable to come in person, a transcript may be requested by mail or by FAX at (724) 836-7176. All transcript requests must have the student's signature, social security number, and email. A confirmation will be sent, via email, once the transcript has been mailed.

Transcripts cannot be faxed.

PeopleSoft # _____ Social Security Number _____ Last Date of Attendance (if no longer currently enrolled) _____
 _____ XXX-XX- _____

Last Name, First Name, MI _____ Previous Name _____

Current Address _____

 Street, City, State, Zip Code _____

Student's Signature _____ Date _____
 Daytime Telephone Number _____ Email _____
 () _____

RECIPIENT ADDRESS:

Print Name _____
 Print Address _____
 Print City, State, Zip Code _____

I have enclosed my check, payable to **UPG**, with this request. Paid by Cash \$ _____
 Please charge the \$ _____ .00 fee to my Mastercard Visa
 Account Number _____ Expiration Date _____