



Chancellor University  
**TRANSCRIPT REQUEST FORM**

Dear Student,

Chancellor University is excited to offer you the service of requesting your transcripts on your behalf!\* Please follow the guidelines below in order to help us request your transcripts for you.\*\*

**Directions Page 1:**

**Step 1.** Please list all colleges and universities that you have attended.

**Step 2.** Initial the certification statement.

**Directions Page 2:**

**Step 1.** Print out the form on the second page of this document for each school that transcripts are being requested. **(one form for each institution** – High School and Colleges).

**Step 2.** Fill out the form(s) completely.

**Step 3.** Sign the form(s).

**Step 4.** Return the form(s) to Chancellor University Attention Intake Manager using the contact information below.

**Step 5.** Chancellor University will forward each form to the institution listed.

*\* Chancellor University will attempt to request a maximum of five (5) qualified transcripts. Any additional transcripts will be the responsibility of the student to request. It will remain the student's responsibility to meet admissions standards including providing official transcripts should the University be unsuccessful in their attempt.*

*\*\* Unfortunately, not all transcripts can be requested. Please see the list below for all transcripts that are unable to be requested. In addition, if upon requesting your transcript from your former college/university we find that they won't accept checks or credit card payments; we will be in touch with you, as you will then need to request the transcript.*

Chancellor University will not request a transcript under the following conditions:

- International Transcripts (including US students with International transcripts)
- Homeschool Transcript
- Student has balance at previous college
- Transcript is from a school not recognized by the U.S. Dept. of Education
- Transcript is from a school that no longer exists
- SAT/ACT scores

Please list all colleges and universities that you have previously attended.

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( ) By initialing this I certify that the above statements are true and correct to the best of my knowledge. I agree to abide by all approved policies as outlined in the current issue of the college catalog. I agree to report all changes, including name and address, to the Office of Academic Records.

**Chancellor University Office of Academic Records Contact Information:**

Mon - Fri 8:00am - 5:00pm (Eastern Standard Time Zone)

**Address:**

6000 Lombardo Center, Suite 200  
Seven Hills, OH 44131  
**Phone:** or 1-888-316-9377

**Chancellor University**

**ATTN: Intake Manager**

Phone line: 1-216-432-8993  
Fax: 1-216-674-6215 or 1-877-271-7726  
**Email: intake@chancelloru.edu**



Chancellor University  
**TRANSCRIPT REQUEST FORM**

**Attention Registrar's Office: Please attach this form and return with transcript**

- Please process this request within one (1) week.
- If any difficulties in processing are encountered, please contact the Chancellor University Intake Manager at 216-432-8993 or Toll Free at 888-316-9377.

**An Official High School/College transcript contains the following:**

Grading Scales	Semester/Quarter Grades by Course
Grade Point Average	Final Grades by Course
Official School Seal	Full Graduation Date
Signature of School Official	<b>**Please include all test scores available.</b>

( ) Please send one (1) Official Academic Transcript & a copy of this form to: ( ) By initialing this I certify that I will be ordering my own transcripts.

**Chancellor University**  
Intake Manager  
6000 Lombardo Center, Suite 200  
Seven Hills, OH 44131



<hr/> <b>Name of Institution</b>	<hr/> <b>Campus</b>
Address: <hr/> <i>Street Address of above Institution</i>	
<hr/> <i>City, State, Zip Code</i>	<hr/> <i>Country</i>
<hr/> <i>Dates Attended: (From) Month/Year (To) Month/Year</i>	<hr/> <i>Degree Awarded if Any</i>



Full Name:	<hr/> <i>Last Maiden (if Applicable)</i>	<hr/> <i>First</i>	<hr/> <i>M.I.</i>
Address:	<hr/> <i>Street Address</i>		<hr/> <i>Apartment/Unit #</i>
	<hr/> <i>City, State, Zip Code</i>	<hr/> <i>Country</i>	
Home Phone:	<hr/> <i>( )</i>	Govt. ID (SSN):	<hr/>
Date of Birth (mm/dd/yyyy)	<hr/>	Student ID #: (If Known)	<hr/>



As an Applicant of Chancellor University, I authorize you to release my academic records.

<hr/> <i>Signature</i>	<hr/> <i>Date</i>
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I have reviewed the student's academic record and the official transcript can be released (Circle one). IF no, please return this form to Chancellor University for notification.

**Yes      No**

<hr/> <i>Signature</i>	<hr/> <i>Title</i>	<hr/> <i>Date</i>
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