Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
202.884.9530 fax: 202.884.9524

Transcript Request Form

_____ _____ _____
Last Name First Name Middle Name

Former Name (if any): _____

PC ID Number or SSN: _____ Date of birth: _____/_____/_____

Phone number: _____ Email address: _____

Are you a Trinity graduate? ___Y ___N (*If yes, indicate month and year)* _____

Have you taken any of the Professional Development for Educators classes? ___Y ___N

Signature _____ Date _____/_____/_____
(Required for release of records.)

Transcripts are $5 per copy. Rush requests incur an additional $10 fee. *All* transcripts are mailed via USPS first-class mail. Requests for archived records (anything prior to 1980) will require at least one week to process. We appreciate your patience with these requests. If there is a financial hold on your account, we cannot release your transcript.

Standard request options: (Allow 3-5 business days for office processing.)
___ I would like the transcript(s) to be mailed to the address(es) below.
___ I would like to pick the transcripts up on _____/_____/_____. # of copies: _____
Special request: __ Please hold processing until current semester grades are posted.
__ Please hold processing until degree is awarded.

Rush Request options: (Request will be processed in our office within one business day of receipt.)
___ in person request. # of copies: ___
___ I would like the transcript mailed to the address(es) below:

Please mail ___ (# of copies) transcript(s) to:

Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
City _____ State _____ Zip _____

Please mail ___ (# of copies) transcript(s) to:

Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
City _____ State _____ Zip _____

Payment: Transcripts are $5 per copy. For rush processing, add the $10 rush fee to the total. Kindly mail a check or money order with your request or include your credit card information below; do not mail cash. We accept MasterCard, Visa and Discover.

Card Type:_____ Card #:_____ Exp. Date:___/___ 3 Digit Auth Code: _____

Office Use Only: **Request Completed:**
Amount Paid:_____ Pymt Type:_____ Date:_____ Initials:_____Date:_____