

## UNOFFICIAL TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR

Please provide the following information to assist us with your Unofficial Transcript request. Be sure all information is filled out completely in order for the request to be processed in a timely manner. If you currently have a financial obligation outstanding to the university, your form is illegible, or your contact information is not current your request will be delayed.

Processing time is 3-5 business days except during peak periods. We do not provide expedited processing of unofficial transcripts. An e-mail confirmation will be sent when the request has been processed.

Save as a PDF after completing form and Email directly to registrar@roseman.edu

For student ID, call (702) 968-2029 or email registar@roseman.edu.

CHECK HERE IF YOU WANT CONTACT INFORMATION TO BE UPDATED

Student/Alumin Information				
Last Name	First 1	Name	MI	Student ID No. 0000
Former Name				Date of Birth
Current Address	City, State and Zip Code			Phone Number
Roseman E-mail Address	or	Alternative E-mail Address		Quantity
Program Attended & Year of Graduation:	Campus:	Henderson	South Jordan	Choose one of the following:  ASAP 3-5 business days (except during peak periods)
Class of	Withdrew			Process after grade(s) are posted  Block (Specify Block)
Recipient 1				Process after degree(s) are posted
Email:		Mail:		
Recipient 2				
Email:		Mail		
Recipient 3				
Email:		Mail		
Roseman Uni	versity of Health S	ciences is not res	ponsible for lost or mi	
Signature:	Date:			
( Form must be signed for request to be	processed. Electronic,	, Typed and handwrit	ten signatures accepted.)	