Undergraduate Transcript Request Form

Cairn UNIVERSITY | *Walk a Different Path*

UNIVERSITY ADMISSIONS

APPLICANT: Please provide the information requested below. Send this form* with the appropriate fee to the Registrar of the school you attended. The Registrar will send your transcript directly to us.

Cairn is a member of Docufide, an electronic transcript delivery service. The high school and/or college you attended may wish to use this service to send us your transcripts electronically. For more information on using this service, please go to www.docufide.com.

Social Security # (used for ID purposes only): _____

Applicant's Full Name: _____
LAST FIRST MIDDLE

Former Last Name (if different when transcript was printed): _____

Dates of Enrollment:

Start Date (month/year): _____ End Date (month/year): _____

Number of credits taken or degree(s) received: _____

I hereby authorize the release of my academic record and related material to the Office of Admissions at Cairn University.

Signature: _____ Date: _____

By signing or typing your name in this Signature field, you agree that this is your valid signature for this application.

*This form may be photocopied if needed by more than one institution.

Please send an official transcript to:

Cairn University
University Admissions
200 Manor Avenue
Langhorne, PA 19047-2990

REV. 07/12