

TRANSCRIPT REQUEST FORM (Cash and check payments only)

OFFICE OF THE REGISTRAR/STUDENT SERVICES



Financial obligations outstanding to the university, illegible forms, or outdated contact information will cause delays.

STUDENT/ALUMNI CONTACT INFORMATION				Student ID# 000-0 _ _ _ _
Last Name	First Name	MI		Home Phone number
Previous Name (if any)				Cell Phone number
Address	City	State	Zip	Date of Birth
Email @student.roseman.edu			Alternative E-mail address	

CAMPUS AND PROGRAM INFORMATION				
<input type="checkbox"/> HENDERSON CAMPUS		<input type="checkbox"/> SOUTH JORDAN CAMPUS		
DENTAL: DMD Class of 20____ ORTHO: AEODO Class of 20____	MBA: MBA Class of 20____	NURSING: ABSNS Feb, 20____ July, 20____ Aug, 20____ Oct, 20____	BSN Class of 20____ RNBSN Class of 20____	PHARMACY: Pharm Class of 20____ Pharm/MBA Class of 20____
				WITHDREW: Year Withdrawn: 20____

TRANSCRIPT TYPE/QUANTITY (list quantity of each in blank provided below)		
(Q) _____ Official (\$5; cash or check)	Transcript for: <input type="checkbox"/> Residency <input type="checkbox"/> Scholarship <input type="checkbox"/> Licensure	Process after (check all that apply): <input type="checkbox"/> Process after block# _____ <input type="checkbox"/> Process after degree posts <i>(If late degree date, form will be held for processing)</i>
(Q) _____ Unofficial (free)		

PROCESSING (RUHS not responsible for lost or misdirected mail/fax)		
<input type="checkbox"/> Pick-up	<input type="checkbox"/> Encrypted Email to Roseman Student Email	<input type="checkbox"/> Mail/Fax to recipient(s) below

	Recipient 1	Recipient 2	Recipient 3
Name:	Attn: _____	Attn: _____	Attn: _____
Address:	_____ _____	_____ _____	_____ _____
Fax#:	Official transcripts cannot be faxed.	Official transcripts cannot be faxed.	Official transcripts cannot be faxed.

I understand this form is if I am requesting an unofficial or an official transcript (by check or cash). If I am requesting an official with a credit or debit card, I need to do so via Net Community link. If I make a mistake or change my mind on the delivery method or recipient after this form is submitted then I understand I need to submit a new form with payment. Once my request is processed, I understand an email confirmation will be sent to my address on this form in 5-7 business days.

STUDENT/ALUMNI HAND SIGNATURE: _____ DATE: _____
Hand-signature required – Electronic signature not accepted

SUBMISSION OPTIONS		Fax: (702) 968-1643	Email: registrar@roseman.edu		
CASH AND CHECK PAYMENTS ONLY: (IF PAYING BY CREDIT OR DEBIT CARD PLEASE PAY VIA NETCOMMUNITY LINK.)					
<ul style="list-style-type: none"> BY FAX: Fax completed form and payment confirmation (after having paid online) link above to (702) 968-1643 BY EMAIL: Email completed form (UNOFFICIAL ONLY) to registrar@roseman.edu BY POSTAL MAIL: Mail completed form to the respective campus address with other form of payment (not cash) to: <table border="0" style="width:100%"> <tr> <td style="width:50%">HENDERSON CAMPUS: Roseman University of Health Sciences Registrar/Student Services – Transcript Request 11 Sunset Way Henderson, NV 89014</td> <td style="width:50%">SOUTH JORDAN CAMPUS: Roseman University of Health Sciences Registrar/Student Services - Transcript Request 10920 S. River Front Parkway South Jordan, UT 84095</td> </tr> </table> 				HENDERSON CAMPUS: Roseman University of Health Sciences Registrar/Student Services – Transcript Request 11 Sunset Way Henderson, NV 89014	SOUTH JORDAN CAMPUS: Roseman University of Health Sciences Registrar/Student Services - Transcript Request 10920 S. River Front Parkway South Jordan, UT 84095
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PROCESSING
<p>Processing time is 5-7 business days from the date received. Processing times may be longer during peak periods (i.e. graduation).</p> <ul style="list-style-type: none"> We do not provide expedited processing. We cannot provide transcripts from your previous institutions.

BURSAR'S OFFICE USE ONLY		
Date:	<input type="checkbox"/> Holds _____	<input type="checkbox"/> Bursar's Initials: