Cabrini College
Attention: Transcripts
610 King of Prussia Road
Radnor, PA 19087
Tel: 800-848-1003 (Toll Free)

Proof of Graduation

High School/GED Transcript Request Form

Please note: Students must provide evidence of high school graduation or equivalent. If you possess your high school diploma **or** GED certificate you may submit a copy of it and the attached Cabrini College High School/GED Transcript Request Form as proof of graduation to your Admissions Counselor. If you do not have a copy of your diploma or GED certificate, please print this form and send it to your high school or GED testing center.

This entire form must be completed as part of your Cabrini College record.

ATTENTION STUDENT:

This is a request for the following: ☐ **High School Transcript** ☐ **GED** ☐ **Other** _____

1. Complete and mail a copy of this Transcript Request Form to the high school/GED testing office you attended (be sure to sign and date the bottom of this form).
2. Remember to include any transcript fee required by your high school/GED testing office to process your request.
3. For Cabrini College records, fax a copy of this form to your Admissions Counselor's fax number (610-902-8508)
4. If Cabrini College is required to obtain proof of graduation on your behalf, a $10.00 nonrefundable fee will be charged to your account. This is in addition to any fees charged for the transcript.

Please Print Legibly

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

PREVIOUS NAME(S): _____ DATE OF BIRTH: _____

ADDRESS: _____
(STREET)

_____ HOME PHONE: _____
(CITY) (STATE) (ZIP) (COUNTRY)

SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____

Information of High School/GED Testing Office Attended

NAME OF HIGH SCHOOL/GED TESTING OFFICE: _____

ADDRESS: _____
(STREET)

_____ PHONE: _____
(CITY) (STATE) (ZIP) (COUNTRY)

DATE OF ATTENDANCE: FROM: _____ TO: _____ DATE OF GRADUATION OR GED: _____

ATTENTION HIGH SCHOOL OR AGENCY RECORDS DEPARTMENT:

Please return a copy of this form with the transcript.

I hereby request and authorize you to forward my official transcript and this form to Cabrini College. I do also authorize Cabrini College to make further transcript requests on my behalf. Please send my transcripts to:

Cabrini College Admissions
Attn: Transcripts
610 King of Prussia Road
Radnor, PA 19087

Or, I authorize a fax of my transcript and this form be sent to Cabrini College at 610-902-8508.

Included is my transcript fee of $_____ (Most high schools and GED testing offices charge a fee for this service. Please contact your institution for information about fees).

Student's Signature: _____ Date: _____