



Transcript Request Form

Office of the Registrar: Via Pietro Roselli 4, 00153 Rome, Italy
Tel: +39-06 5833 0910 Fax: +39-06 5833 0992
Email: registrar@aur.edu

Student's current name: _____
Last First Middle

Current Address: _____

City _____ State _____ Zip _____ Country _____

Email: _____ Phone number: _____

Currently enrolled: Yes No If not, Term and Year last enrolled: _____

Have you received a degree from AUR: Yes No If yes, year of graduation: _____
Degree received in: _____

Print Former Name(s) if different than current name: _____

Number of transcripts you are requesting to the address below: _____

*Address where transcript should be sent. Please ensure that the address is complete, correct, and legible. If requesting DHL courier service, please provide a physical address as DHL will not deliver to P.O. Boxes.

Transcript Recipient	Complete Address
Transcript Recipient	Complete Address

***Each Transcript is 8,00 Euro (OR the equivalent in US dollars) payable at www.aur.edu/payments**

- Regular mail I will pick up transcript
- By courier/DHL (8€ per transcript + additional 15€ per address = 23€) www.aur.edu/payments
- Hold for recording of semester grades and then mail

Today's date: _____ **Signature (required):** _____

Revised: 20 September 2016