



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: _____

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

☐ Regular mail or email ☐ I will pick up transcript

☐ By courier/DHL (8€/10\$ per transcript + additional 34€/35\$ per address = 42€/45\$)

☐ Hold for recording of semester grades and then mail

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

Revised: 26 November 2025