



Via Pietro Roselli 4, 00153 Rome, Italy
Tel: +39-06 5833 0919 Fax: +39-06 5833 0992
Email: registrar@aur.edu Web: www.aur.edu

Transcript Request Form

Please print all information. Today's Date: _____

Student's current name: _____
Last First Middle

Current Address: _____

City _____ State _____ Zip _____ Country _____

Social Security Number: _____ Email: _____

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: _____

*Each Transcript is 5,00 Euro (OR the equivalent in US dollars)

Address where transcript should be sent: Please ensure that the address is complete, correct, and legible

Transcript Recipient Complete Address

Transcript Recipient Complete Address

- Mail now. I will pick up transcript. By courier (at your expense)
Hold for recording of semester grades and then mail

Signature (required): _____