

## 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:				
Current Address:	Last	Firs		Middle
City				
Email:	Phon	e number:		
Currently enrolled: Yes D N	o 🗌 If not, Term a	and Year last enrolled:		
Have you received a degree fro	om AUR: Yes 🗌 No 🏻	If yes, year of gradu	ation:	
Print Former Name(s) if differer	nt than current name:_			
Number of transcripts you are r	equesting to the addre	ss below:		
Address where transcript should be se f requesting DHL courier service, pleas				
Transcript Recipient	Comple	te Address or Email		
Transcript Recipient	Comple	te Address or Email		
*Each Transcript is <u>8.</u>	00 Euro (OR the equ	ivalent in US dollars)	payable at <u>www.aur.e</u>	du/payment
Regular mail		☐ I will pick	up transcript	
☐ By courier/DHL (8€	:/10\$ per transcript + <u>a</u>	dditional 24€/25\$ per ad	ddress = 32€/35\$)	
☐ Hold for recording	of semester grades an	d then mail		
Today's date:		_ Signature (req	uired):	
Revised: 30 Septemb	er 2020			