

Saint Francis University
P.O. Box 600 Loretto, PA 15940
---Transcript Request Form --

Please print this form, fill in all requested information, and mail it to:

Registrar's Office, 318 Scotus Hall, Saint Francis University, Loretto, PA 15940-0600
Questions? Call: (814)472-3009 Email: registrar@francis.edu

Indicate: Number of **unofficial** copies of transcript **for personal use (\$10.00 per copy)** _____

Number of **official** copies of transcript sent to student in sealed University envelopes (**\$10.00 per copy**)

Number of **official** copies sent to organization or individual. Indicate address below. (**\$10.00 per copy**) _____

NOTE: Official copy must be submitted to organization unopened. Official copy cannot be opened by student or becomes void. Please enclose the required fee (\$10.00 per copy).

Send Transcript to: Organization or Individual _____
Please Print Legibly
Street Address _____
City, State, Zip _____

Student Info: Name _____
Please Print Legibly (please include middle initial)
Street Address _____
City, State, Zip _____
Daytime Phone # _____

1) **Last name (or maiden name) at time of attendance at SFU** _____

2) **Division(s) Attended** ___ Undergraduate ___ Graduate ___ Both ___ College in High School

3) **Undergraduate Major** _____ **Graduate Major** _____

4) **Did you graduate?** ___ Yes ___ No If yes, please give date _____

5) **Last semester attended** _____

6) **Date of Birth** _____ - _____ - _____

7) **Last four digits of Social Security #** _____

8) **Time to send transcript** ___ Now ___ End of semester ___ Fall ___ Spring ___ Summer I ___ Summer II

Student Signature _____ Fee enclosed \$ _____

(Transcript cannot be released without student's signature)