

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

Indicate: Number of student copies of transcript **for personal use** requested here _____

Number of official copies of transcript **in sealed envelopes** requested here _____

NOTE: Official copy must be submitted to organization unopened. Official copy cannot be opened by student or becomes void. Please enclose the required fee (\$5.00 per copy).

Send transcript to: Organization or Individual _____
Please Print Street Address _____
Legibly City, State, ZIP _____

Student Info: Name _____
Please Print (please include middle initial)
Legibly 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

Signature _____ Fee enclosed \$ _____

(Transcript cannot be released without signature)