REQUEST FOR OFFICIAL PAPER TRANSCRIPT

**We do not accept phone or faxed requests and do not fax transcripts**

***All financial obligations to the university must be clear at the time of requesting***

Student ID/SSN #: ___________________________ Date of Birth: _____ / _____ / ______

Name:
(Last)     (First)     (Middle)   (Maiden)

(Street Address)      (City)   (State)  (Zip)

(Daytime Phone)    (Email)

Are you currently enrolled at SFASU? □ YES  □ NO (If no, last attended: ____________)

Degree(s) Received from SFASU:
□ N/A
□ Bachelor □ May ________
□ Master □ Aug ________
□ Doctorate □ Dec ________

Special Handling Requirements:
□ Send Now □ Hold for current semester grades (Accepted week before finals)
□ Other: __________________________ □ Hold for degree (Accepted week before finals)

Address for transcript(s) to be mailed (use additional paper if necessary): How Many?
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Official transcripts will not be released to students who are financially indebted to the university. Requests will be processed within 1 business day of receiving. Please allow 7-10 business days (after being processed) for the transcript(s) to arrive at the requested location(s). Valid photo ID must be included for this request to be processed.

Signature (required): ___________________________ Date: __________

***Must send copy of valid picture ID with mail-in request to the address listed above***