REQUEST FOR UNOFFICIAL PAPER TRANSCRIPT

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

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): ________________________________

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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***