

STEPHEN F. AUSTIN STATE UNIVERSITY

Office of the Registrar

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REQUEST FOR UNOFFICIAL TRANSCRIPT

A copy/photo of an unexpired photo ID must be submitted with this form. This request is for a HARD-COPY transcript only. Return information listed above.

| Student ID or SSN #: | | Date of Birth: / | <u>'</u> |
|---|---|---|--|
| Name: | | | |
| (Last) | (First) | (Middle) | (Maiden) |
| (Mailing Address) | (City) | (State) | (ZIP) |
| | _ | | OFFICE US |
| (Phone) | (Email) | | Processed Date: Quantity: Attachmer |
| Are you currently enrolled at SFA? | □ YES □ NO (If no, la | sst attended:) | Processed by: |
| Degree(s) received from SFA: | Special handling requi | rements: | nclude |
| □ N/A □ Bachelor □ May | ☐ Hold for degree (accept | er grades (accepted week befor ed week before finals) | |
| □ Master □ Aug □ Doctorate □ Dec | □ Attachment □ Other: | | YES TO THE STATE OF THE STATE O |
| Mailing address for transcript(s) to Include the <u>recipient's name</u> for each lo | | | Quantity o be sent: |
| | | | Denied Date: Reason: |
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| OR Picking up at transcript wi | ndow (cr | heck here) | |
| | * IMPORTANT – PLE | . ACT DEAD * | |
| SFA is r | business day after form e requested location(s) not responsible for docur | is received. Please allow 7-10 Transcripts are sent via USPS | first-class mail. |
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| Signature: | | Date: | |