

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 (\$.00 per copy) _____
Number of official copies of transcript sent to student in sealed University envelopes (\$.00 per copy) _____
Number of official copies sent to organization or individual. Indicate address below (\$.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 (\$0 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)