

Transcript Request Form

University of Saint Francis Registrar's Office

2701 Spring Street
Fort Wayne, IN 46808
260-399-8061
Fax: 260-399-8161

In compliance with the Federal Family Educational Rights and Privacy Act of 1974, written authorization from the student is required to release an academic transcript. Thus, all requests must be in writing and contain the student's signature.

Please print and complete this form and return it to the Registrar's Office. The fee for official transcripts is \$5 per copy in the form of cash, check or money order if ordering by mail or in person at the Registrar's Office. **Credit/debit cards can only be accepted if ordering online at our website:**

<http://www.sf.edu/sf/registrar>

Official Transcripts will not be released if the student's account is on hold. Unofficial transcripts are free.

STUDENT INFORMATION (PLEASE PRINT CLEARLY.)

Social Security Number _____ Student ID # _____

Today's Date _____ Birth Date _____

Last Name _____ First _____ MI _____ All other possible Last Names _____

Current Address _____

City _____ State _____ Zip _____ Telephone Number _____

I authorize the release of my academic transcript

✘

Student's signature required _____

I authorize the following person to pick up my academic transcript: _____ (must show photo id).
(Print name here)

Currently enrolled? ___ Yes ___ No; if no, last year attended: _____

Attended: University of Saint Francis Lutheran College of Health Professions
 Saint Francis College Lutheran Hospital School of Nursing
 St. Joseph's Hospital School of Nursing

TRANSCRIPT(S) TO BE MAILED

_____ Official # _____ Unofficial

Same address as above or:

Name _____

Attn _____

Address _____

Release: ___ now ___ at the end of term ___ after graduation

METHOD OF PAYMENT

Cash Check (payable to University of Saint Francis) Money Order

FOR OFFICE USE ONLY

Paid \$ _____ Date: _____ Initials _____ Taken/Mailed: _____ Official/Unofficial