

TRANSCRIPT REQUEST FORM

ALL transcripts are processed in the **order received**.

STUDENT Name and Address:

- Check to update Permanent Address in our database.
 Check to update Phone number(s)/Email in our database.

Undergraduate Coursework Only
 Graduate Coursework Only
 Combined Grad/Undergrad Work
 Official (mail only) Quantity? _____
 Unofficial** (mail or email) Quantity? _____
 Send **NOW**
 Hold for GRADES
 Hold for DEGREE

SLU ID#: _____ Date of Birth: _____ *HOME Phone: _____

*Email Address: _____ *CELL Phone: _____

*(these may be used to contact you regarding the status of your transcript)

Class Year: _____ Years of Attendance: _____ - _____

Maiden/Former Name(s): _____

Purpose of Transcript Request: _____

Student's Legal (hand-written) Signature (**Required**): _____

Date: _____

****IF REQUESTING UNOFFICIAL TRANSCRIPT BY EMAIL:** *By checking this box, I understand that St. Lawrence University does not currently participate in a secure electronic transcript delivery system; therefore, it is not common practice to send ANY transcript or grade information to outside sources by email. I will not hold the University responsible should my information be intercepted by a third party.*

IF REQUESTING FEDEX DELIVERY: Please provide your FedEx account number (NOT credit card number).

- FedEx delivery speeds delivery time, **not** processing time.
- Logon to www.fedex.com to create an account.
- FedEx Transcript Requests **MUST** have a valid daytime phone number included.
- FedEx will not deliver to a post office box.
- Transcripts are shipped STANDARD OVERNIGHT, unless otherwise specified.

FedEx Account #: _____ **Addressee Daytime Telephone:** _____

THERE IS NO CHARGE for transcripts.

You can return your completed request form to us by mail, fax, or email. Depending on the Academic Calendar, normal processing time is three to five business days after receipt. Requests for five or more transcripts may take longer.

NOTE: THIS PORTION WILL BE DETACHED FOR MAILING YOUR TRANSCRIPT(S)

- **FULLY complete one form for EACH recipient.**

PICK UP in office

MAIL to SMC # _____

**Email address for unofficial copy:

Mail To:

