

Transcript Request Form

Please allow 5-7 business days to process this request. All transcripts are subject to U.S. Postal Services delivery and possible delays in that process.

Full Name: _____

Student ID # (if known): _____ Last 4 digits of SSN: _____ Date of birth: ____/____/____

Maiden/other names used: _____

Address: _____
Street City State Zip code

Phone: _____ Email: _____

Please check the program(s) that may be in your records to be included on transcript:

Undergraduate Graduate School

SSU Date of graduation: _____ Last semester enrolled: _____

Mail transcripts to: _____

OR (Additional addresses can be listed on the reverse side.)

I will pick up my transcripts in one week (Note: if transcript is not picked up within 1 month, it will be destroyed, and a new request must be submitted to obtain a transcript)

CURRENT STUDENTS MUST REQUEST OFFICIAL TRANSCRIPTS IN NAVIGATOR. SELECT THE OPTION TO REQUEST OFFICIAL TRANSCRIPT UNDER THE 'ACADEMICS' SECTION.

Total number of transcripts requested: _____

Signature: _____ Date: _____

(You must sign with pen. You may type to fill form for your convenience and legibility but print to sign with pen.)