

Transcript Request Form

Please allow 7-10 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: _____

**CURRENT STUDENTS MUST REQUEST OFFICIAL TRANSCRIPTS IN NAVIGATOR.
SELECT THE OPTION TO REQUEST OFFICIAL TRANSCRIPT UNDER THE 'ACADEMIC
RECORDS' 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.)

At this time, completed requests can only be received by email or fax.
navcenter@salemstate.edu | Fax: 978.542.8520