

OFFICE OF THE REGISTRAR
SCRANTON, PENNSYLVANIA 18510-4684
FAX: (570) 941-4148 PHONE: (570) 941-7721

Please fill out the following as completely as possible for record-matching purposes:

Current Name: _____
Name while attending the University: _____
Social Security Number (SSN): _____
University I.D. number, if different than SSN: _____
Date of Birth: _____
Your current address: _____
Contact Phone # _____
If this is a new address, do you want your address updated in the University Database? Yes No
[Note: Updating your address here will update your address in any University department that interfaces with the University's Banner database.] Please contact the Registrar's Office about requesting a name change.

Your enrollment status: Current Student Prior Student Online Student
First term enrolled: _____ Last term enrolled: _____
Would you like transcript sent - Now _____ After grades posted _____ After Graduation _____
Total number of copies requested on this form: # _____ Official Copies # _____ Student Copies
Processing Fees: \$5.00 per official copy
\$5.00 per unofficial student copy

Name and address of the person, institution, or organization to whom the transcript should be sent (please print clearly):

Send this number of copies to the entity in this box: # _____ Official # _____ Unofficial
[Do you want your transcript sent to more than one person or organization? You may list up to 4 more requests on page 2 of this form. ___ Check here if you list additional requests on page 2.]

Your signature authorizing release of your transcript to the entities you have listed on pages 1 and 2:
X _____ Date: _____

Important Notes: By federal regulation, your signature is required to release your transcript. No transcript will be furnished for any student or alumnus whose financial obligation to the University has not been satisfied.
Please submit your request, plus a check payable to the University of Scranton for the processing fee, to the Registrar's Office, St. Thomas Hall, Scranton, PA 18510-4684.

Registrar's Use Only

Date Processed: _____ Fee Received: _____ Initials: _____ Notes: _____

Request for Transcript of Academic Record (continued)
Page 2

Print your name again here: _____

Request 2: Name and address of the person, institution, or organization to whom the transcript should be sent (please print plainly):

Send this number of copies to the entity in this box: #____ Official #____ Unofficial

Request 3: Name and address of the person, institution, or organization to whom the transcript should be sent (please print plainly):

Send this number of copies to the entity in this box: #____ Official #____ Unofficial

Request 4: Name and address of the person, institution, or organization to whom the transcript should be sent (please print plainly):

Send this number of copies to the entity in this box: #____ Official #____ Unofficial

Request 5: Name and address of the person, institution, or organization to whom the transcript should be sent (please print plainly):

Send this number of copies to the entity in this box: #____ Official #____ Unofficial