

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: registrar.sf.edu.** 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>I authorize the release of my academic transcript</i>			
✘ _____ 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:	<input type="checkbox"/> University of Saint Francis	<input type="checkbox"/> Lutheran College of Health Professions	
	<input type="checkbox"/> Saint Francis College	<input type="checkbox"/> Lutheran Hospital School of Nursing	
	<input type="checkbox"/> St. Joseph's Hospital School of Nursing		
TRANSCRIPT(S) TO BE MAILED			
# _____ Official	# _____ Unofficial		
<input type="checkbox"/> Same address as above or:			
Name _____			
Attn _____			
Address _____			

Release: ___now___ at the end of term ___ after graduation			
METHOD OF PAYMENT			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check (payable to University of Saint Francis)	<input type="checkbox"/> Money Order	
FOR OFFICE USE ONLY			
Paid \$ _____ Date: _____ Initials _____ Taken/Mailed: _____ Official/Unofficial			