Transcript Request Form

In compliance with the FERPA act of 1974, written authorization from the student is required to release an academic transcript. Please print and complete this form and return it to the Registrar’s Office by mail or email at:

Mail to: University of Saint Francis
Attn: Registrar’s Office
2701 Spring Street
Fort Wayne, IN 46808

Email: registrar@sf.edu

Please note: Official transcripts will not be released if the student’s account is on a financial hold. For questions about a financial hold on your account, please contact the Business Office. The Registrar’s Office can be reached at 260.399.8061.

**STUDENT INFORMATION (PLEASE PRINT CLEARLY)**

<table>
<thead>
<tr>
<th>Social Security Number or Student ID# (required)</th>
<th>Birth Date</th>
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<tr>
<th>Last Name</th>
<th>First</th>
<th>MI</th>
<th>All other possible Last Names</th>
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<th>Current Address</th>
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<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone Number</th>
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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:

- [ ] University of Saint Francis
- [ ] Lutheran College of Health Professions
- [ ] St. Joseph’s Hospital School of Nursing
- [ ] Saint Francis College
- [ ] Lutheran Hospital School of Nursing

I authorize the release of my academic transcript.

\[\times\]

Student’s Signature REQUIRED

Today’s Date

**TRANSCRIPT(S) TO BE MAILED OR EMAILED**

- [ ] OFFICIAL ($5.00 Cash or Check Only)
- [ ] UNOFFICIAL (Free)

- [ ] Mail to:

  
  - Recipient/Attn: ______________________________
  - Street: __________________________________________
  - City, State, Zip: _______________________________

- [ ] Email to: _______________________________

Release:  [ ] Now  [ ] End of term  [ ] After graduation

**METHOD OF PAYMENT**

- [ ] Cash  [ ] Check (payable to University of Saint Francis)

PLEASE NOTE: Credit/Debit payment option only available at getmytranscript.com

**FOR OFFICE USE ONLY**

Paid $ _________ Date: _________ Initials _________ Taken/Mailed: _________ Official/Unofficial