



Transcript Request Form

Instructions

Please Note the Following:

1. This form cannot be electronically submitted
2. This form is void until signed
3. All financial obligations must be reconciled before transcript is released.
4. Please indicate the CORRECT address (es), name(s) of person(s), or apartment number where the transcript is to be delivered. **St. Francis College, Office of the Registrar takes no responsibility for incorrect mailing information.**

Step 1. Print the form

Step 2. Write/type the required information in the space below

Step 3. Sign the form

Step 4. Mail to: St. Francis College, Office of the Registrar, 180 Remsen Street, Brooklyn, NY 11201 **or Fax to:** (718) 624-6677

Today's Date Name while Attending St. Francis College Last First Middle

Student ID # or Social Security No. Name if different from above Last First Middle

Street (Local Address) This is a new address and/or phone number; please update my record to reflect this change.

City State Zip Code Telephone No./ Cell Phone Date of Birth

I am Currently Enrolled OR Last Attended St. Francis College: Spring Semester _____ Fall Semester _____

I hereby authorize St. Francis College to release the Transcript of my academic record.

Signature of Student (**REQUIRED**)

Mail Transcript(s) immediately Mail transcript(s) when final grades are available Mail after degree is posted

PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

Please check if transcript is for "Pick-up" _____ copies and/or Please mail transcript(s) to the following address(es) provided:

1) _____

2) _____

Send _____ copies Unofficial Official

Send _____ copies Unofficial Official

3) _____

4) _____

Send _____ copies Unofficial Official

Send _____ copies Unofficial Official

Total Number of Transcripts Ordered: _____

For Office Use	ACCOUNT CLEARED NO _____ YES _____	DATE _____
	PICKED UP _____ MAILED OUT _____	DATE _____