



Official Transcript Release Authorization
Graduate Admissions, 1120 E Kennedy Blvd, Suite 214, Tampa, FL 33602
Toll Free Phone: 800-707-8846 / Fax: 888-743-8116
Grad.Admissions@saintleo.edu

To:
Office of Registrar: _____
Former College/University's Name _____

College/University address and or location (include City & State) _____

Dates of attendance (from / to) _____

Social Security Number or Student ID # at prior school _____

Degree program taken and/or earned _____

Year of Graduation _____

I authorize release of my official transcript to:

Saint Leo University
ATTN: Office of Graduate Admissions
1120 E Kennedy Blvd
Suite 214
Tampa, FL 33602

Student Name _____ Student Date of Birth _____

Name on transcript (if different from above) _____

Address _____

City _____ State _____ Zip _____

(_____) _____
Phone

Attention Registrar's Office:

Please process this request within 2 weeks of receipt. If any difficulties are encountered with this request, please contact the Saint Leo University Graduate Admissions Office at Grad.Admissions@saintleo.edu. Thank you.

Student's Physical Signature * _____ Date _____

** Required for release of transcript under the Family Education Rights and Privacy Act of 1974.*

FOR SLU OFFICE USE ONLY: MUST be complete before ordering the official transcript.

SLU-ID#: _____ **Date requested:** _____ **Fee:** _____ **Payment Method:** _____

LOC: _____ **Photo ID:** _____ **Accreditation:** _____ **S/R:** _____ **Fax #:** _____