



Official Transcript Release Authorization

1120 E. Kennedy Blvd.; Suite 214
Tampa, FL 33602
Phone 877-856-2144 * Fax 888-743-8116
WWAdmission@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) _____ Student ID # at prior school _____

I authorize release of my official transcript to:

**Saint Leo University
ATTN: Admissions
1120 E. Kennedy Blvd.; Suite 214
Tampa, Florida 33602**

Student Name _____ Student Date of Birth _____

Name on transcript (if different from above) _____

Address _____

City _____ State _____ Zip _____

(_____) _____
Phone _____ Social Security Number (*Required to order transcript*) _____

Attention Registrar's Office:

Please process this request within 2 weeks of receipt. If any difficulties are encountered within this request, please contact: WWAdmission@saintleo.edu

Student's Physical Signature * _____ Date _____

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

Only check this box if you are notifying Saint Leo University that transcripts *do not* need to be requested because you have already ordered official transcripts from the school listed above.

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 #: _____