

TRANSCRIPT REQUEST FORM
Saint Leo University

In order for your transcript to be issued, you must provide the following information and have satisfied all financial obligations to the university. **There is a charge of \$15.00 for each paper transcript requested.** An additional charge of \$32.00 is due for overnight request(s) delivered within the United States. Overseas shipments are subject to additional fees based on the carriers' service rates. Payment must accompany request. Credit card orders are accepted, or you may pay by check or money order. Make check or money order payable to SAINT LEO UNIVERSITY. The university will not provide a transcript of transfer credit until successful completion of coursework at Saint Leo University. Fill out one request form for each address to which you are sending copies. **You MUST sign your request. Requests without signatures will not be processed.**

Date of Request _____

Student ID or last 4 digits of Social Security Number _____

Student's Last, First, Middle Name/Maiden Name

Date of Birth _____

Street Address _____

City, State, Zip _____

Daytime phone number and email address _____

Name as it appears on credit card _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Number of Copies _____

SEND TRANSCRIPT TO: _____

SPECIAL INSTRUCTIONS – hold transcript until:

Student Signature _____

The Family Educational Rights and Privacy Act of 1974 requires written authorization from the student before transcripts can be released.

Return completed transcript request form by mail, fax or email to:

Saint Leo University, Registrar - MC2278, P.O. Box 6665, Saint Leo, FL 33574-6665
(352) 588-8656

transcripts@saintleo.edu