



SACRED HEART UNIVERSITY

UNIVERSITY COLLEGE

TRANSCRIPT REQUEST FORM

(For part-time undergraduate students to transfer credits earned from another university to Sacred Heart University. Please send this form to your previous university.)

School: _____	Date: _____	
Name: _____		
Last	First	Middle
Name used when attending the institution listed above:		
Name: _____		
Last	First	Middle
Semester and year of last attendance: _____		
Social Security Number: _____	D.O.B: _____	
Number of official copies requested: _____		
(1) issue to University College		
Please send required fee with this form.		

Address to which transcript is to be mailed:

University College - Sacred Heart University
5151 Park Avenue, Fairfield, CT 06825
Phone: 203 371-7830
E-Mail: !UC@sacredheart.edu
www.sacredheart.edu

Student's address and phone number:	

_____	_____
Student's Signature	Email Address

To obtain a Sacred Heart University transcript, please visit
www.sacredheart.edu/download/579_new_transcript_request_form.doc