

SACRED HEART UNIVERSITY
TRANSCRIPT REQUEST

DATE: _____

STUDENT NAME: _____

MAIDEN NAME: _____

ADDRESS: _____

DAY TIME PHONE: _____ HOME PHONE: _____

E-MAIL: _____

ID# _____ SOCIAL SECURITY : _____

OF TRANSCRIPTS REQUESTED: _____ / _____
Undergraduate Graduate

MAIL TRANSCRIPT TO: _____

TYPE OF TRANSCRIPTS REQUESTED: Unofficial _____ Official _____

HOLD FOR FINAL GRADES? Yes No Which semester? _____

HOLD FOR GRADUATION ? Yes No May August December

There is a fee of **\$8.00** for each transcript requested:
Undergraduate, Graduate, Official, or Unofficial
Checks payable to: Sacred Heart University.

Mail or deliver this request to:

Office of the Registrar
Sacred Heart University
5151 Park Avenue
Fairfield, CT 06825-1000

Allow 7 to 10 business days for processing --All financial obligations must be reconciled before transcripts will be released.

Use separate forms for each mailing address to which transcripts will be sent.

Neither official nor unofficial transcripts will be faxed or emailed.

Allow additional time for processing during registration times.

STUDENT'S SIGNATURE: _____

(REQUIRED)

*** We Do Not Accept Request Forms Via Fax Or Email ***

* Request form(s) must be submitted with payment *