



# Sacred Heart UNIVERSITY

## GRADUATE ADMISSIONS

### Transcript Request Form

I authorize the Office of Graduate Admissions at Sacred Heart University to obtain my official, final Sacred Heart University transcripts (undergraduate and graduate) for purposes of verifying the conferral of my degree(s) and recording the official transcript in my graduate application file.

I understand that my official transcript will be sent directly to the Office of Graduate Admissions, and the release of my transcript to Graduate Admissions does not clear any block on my registration ability or relieve any balance I may have with Student Accounts.

Name: \_\_\_\_\_

Sacred Heart University ID Number: \_\_\_\_\_

Graduation Date/Anticipated Graduation Date: \_\_\_\_\_

#### Return this form by:

**Mail:**

Office of Graduate Admissions  
Sacred Heart University  
5151 Park Avenue  
Fairfield, CT 06825

**Email:**

[gradstudies@sacredheart.edu](mailto:gradstudies@sacredheart.edu)