

REQUEST FOR OFFICIAL TRANSCRIPT

This is to authorize and request release of transcript of my academic record at SPRING HILL COLLEGE to the person or institution addressed below. I understand that the Registrar's Office does not release or reproduce transcripts from other institutions. Requests for such must be directed to the institutions concerned.

SIGNATURE OF STUDENT _____

DATE OF REQUEST _____

NO. OF COPIES _____

USE BALL PEN; THIS IS TO BE USED AS AN INSERT IN A WINDOW ENVELOPE LIST COMPLETELY NAME, ADDRESS, AND ZIP CODE.

STUDENT
NAME
AND
ADDRESS

TRANSCRIPT TO BE MAILED (check one)

- IMMEDIATELY, or
- AT END OF PRESENT TERM

TO PERSON OR INSTITUTION BELOW

FEE:

- \$10.00 (within 24 hours)
- \$ 5.00 (within 3 days)

USE BALL PEN; THIS IS TO BE USED AS AN INSERT IN A WINDOW ENVELOPE LIST COMPLETELY NAME, ADDRESS, AND ZIP CODE.

MAIL
TRAN-
SCRIPT
TO

3 pt NCR

SSN OR ID NUMBER _____

BIRTH DATE _____

CURRENTLY ENROLLED?

YES

NO

IF 'NO', DATES OF ATTENDANCE

FROM _____

TO _____

- I am
- applying to Grad/Prof School
 - applying for transient study
 - going on leave of absence
 - transferring
 - considering transfer
 - none of the above

FOR USE BY BUSINESS OFFICE

Transcript release authorized by:

DATE _____

TRANSCRIPT MAILED ON

DATE _____