

Last Name

First

Middle

**SLIPPERY ROCK UNIVERSITY
OFFICE OF ACADEMIC RECORDS & REGISTRATION
104 MALTBY AVENUE, SUITE 107
SLIPPERY ROCK, PA 16057**

PHONE: 724.738.2010

FAX: 724.738.2936

EMAIL : academic.records@sru.edu**TRANSCRIPT REQUEST****PLEASE NOTE:**

1. There is a limit of 5 transcripts per day.
2. Transcripts will be processed within 48-72 hours after receipt for regularly processed transcripts (no cost).
3. Requests will **not** be processed for anyone who has a financial or other form of obligation to the University.
4. Same day transcript requests can be processed for individuals wishing to pick up their transcript in our office. We no longer offer a same day mail service. The same day transcript pick up fee of \$10 can be paid by credit card. Please refer to the payment link under the same day \$10 fee heading on the transcript request information page on our website.
5. If you need your transcript via email PDF, please use our online transcript ordering service.
6. This form may be faxed, mailed or scanned to the address/email/fax indicated above.
7. Transcript request must be physically signed in order to be processed. Electronic and digital signatures will not be accepted.

Students who have attended SRU from Fall 2011 on, please supply your Rock I.D. number in the block at the top of this form.

Last *	First	Middle Initial (required)	Maiden or Former Name
Address	City	State	Zip Code
E-Mail Address	Day/Cell Phone No.	Soc. Security No.	Birth Date

Number of transcripts being requested _____

Select ONE delivery method: Regular Mail Pick Up in-person, 48-72 hours (no fee)
 Pick Up in-person, same day (\$10 fee) Fax

A photo ID is required to pick up transcripts. If someone else will be picking up your transcript(s), please provide that individual's complete name: _____. This person will also need to provide a photo ID.

When to Process (Select ONE): Immediately After Degree (semester) _____
 After Grades Fall _____ Winter _____ Spring _____ Pre-Session _____ Session I _____ Session II _____

Each transcript will be placed in a signed/sealed envelope. The transcript will be rendered "unofficial" if opened by someone other than the intended recipient.

Please mail or fax transcript(s) to: me at the address noted at the top of the form*
 (please check one box only) the following individual/institution/office and address

Name of recipient/institution: _____
 Attn/Office: _____
 Mailing Address: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Fax Number (if requesting to be faxed): _____

X**REQUIRED****Current/former student's signature**

No electronic or digital signatures will be accepted

Date

05.05.2023