

# Southwestern University

## Transcript Request Form

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released *only with the student's written authorization and signature*. To order your transcript, complete this form and *fax or mail* it to the Office of the Registrar.

**PLEASE CLEARLY PRINT ALL INFORMATION**

Name: \_\_\_\_\_  
*Last First Middle Maiden*

Date of Birth: \_\_\_\_\_ Student I.D. or S.S. #: \_\_\_\_\_

Last Date of Enrollment: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*Please include Campus SU Box if applicable*

Send Transcript Now  
 Hold for current semester grades  
 Hold for Degree Notation

Number of Transcripts Requested \_\_\_\_\_

Mail transcript(s) to: \_\_\_\_\_ Mail transcript(s) to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail transcript(s) to: \_\_\_\_\_ Mail transcript(s) to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A transcript may be faxed but it will be Unofficial:** *(Complete only if requesting faxed copy)*

Fax # \_\_\_\_\_ To the Attention of: \_\_\_\_\_

*I authorize Southwestern University to mail an official transcript of my academic record to each of the addresses indicated.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of the Registrar • P.O. Box 770 • Georgetown, TX 78627**  
**Phone: 512-863-1952 • Fax: 512-863-1685**