



Transcript Request Form

NAME: _____ Student ID or SSN: _____

Address _____

City State Zip

Phone _____ e-mail address _____

I REQUEST THE FOLLOWING

<p><input type="checkbox"/> Stetson University Transcript*</p> <p>Number of Copies _____ (Fee: \$5.00 per copy-Stetson will no longer process transcript requests without payment. Faxed requests must include credit card information for payment)</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> You are Currently Enrolled <input type="checkbox"/> You are a Former Student (approximate year of last attendance _____) <input type="checkbox"/> You Graduated and Received a Degree (Degree Received _____) <input type="checkbox"/> You are Applying for a Scholarship for Stetson <input type="checkbox"/> You Need Separate Sealed Envelopes 	<p>Hold/Mail/Pick-up:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hold for End of Semester Grades <input type="checkbox"/> Hold for Grades and Completed Degree <input type="checkbox"/> Mail – Place address(s) to be mailed below <input type="checkbox"/> Pick up <p>You may pay for your transcripts using a debit or credit card. Enter the information below.</p> <p><input type="checkbox"/> _____ credit card name, number & expiration date</p> <p>_____</p> <p>3 digit security code (located on back of card in signature line). We must have this number to process your request if paying by credit card</p> <p>*Please note transcripts will not be released for anyone whose financial obligations to the University have not been satisfied. Please contact the Student Account Office and/or the Student Financial Aid Office if you think you may have a balance due.</p>
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Address 1 _____

Address 2 _____

My signature below authorizes Stetson University to provide information as requested above.

*Signature _____ Date: _____

***Transcripts will not be released without signature**

(FOR OFFICE USE ONLY)

Amt. Due:	Amt. Received:	Date Mailed/Picked Up
Stetson University – Registrar’s Office 421 N. Woodland Blvd., Unit 8298, DeLand, FL 32723 ❖386-822-7140 ❖FAX: 386-822-7146 E-Mail: registrar@stetson.edu ❖Internet: http://www.stetson.edu/offices/registrar		