

# STETSON UNIVERSITY

## Transcript Request Form

This form is to be used for transcript requests for scholarship purposes or for students who attended Stetson prior to 1980.

NAME: \_\_\_\_\_ Student ID or SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

<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> <p><input type="checkbox"/> You are Currently Enrolled</p> <p><input type="checkbox"/> You are a Former Student (approximate year of last attendance _____)</p> <p><input type="checkbox"/> You are Applying for a Scholarship for Stetson</p>	<p><b>Hold/Mail/Pick-up:</b></p> <p><input type="checkbox"/> Hold for End of Semester Grades</p> <p><input type="checkbox"/> Hold for Grades and Completed Degree</p> <p><input type="checkbox"/> Mail - Place address(es) to be mailed below</p> <p><input type="checkbox"/> Pick-up</p> <p>You may pay for your transcript(s) using a debit or credit card. Enter information below:</p> <p><input type="checkbox"/> _____ credit card name, number &amp; 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><b>*Please note transcripts will not be released for anyone whose financial obligations to the University have not been satisfied. Please contact the Student Accounts Office if you think you may have a balance due.</b></p>
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Name & Address 1 \_\_\_\_\_

Name & Address 2 \_\_\_\_\_

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\_\_\_\_\_

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

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

\*Transcripts will not be released without a signature

(FOR OFFICE USE ONLY)

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