

TRANSCRIPT REQUEST

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

PHONE: 724.738.2010 FAX: 724.738.2936 EMAIL: academic.records@sru.edu

1. Transcripts will be processed within 2-4 business days after receipt for regularly processed transcripts at no cost.
2. Students with an outstanding obligation with the University will be notified if we are unable to process their request.
3. Same day requests are available for pick up only. The \$10 same day request fee can be paid via credit card [online](#) or by mailing a check payable to Slippery Rock University with your completed form.
4. Electronic delivery of transcripts must be requested through [Parchment](#).
5. The completed form can be sent to the address/email/fax indicated above.
6. Request must be physically signed by the student. **Electronic and digital signatures will not be accepted.**

PRINT LEGIBLY

Last	First	Middle Initial (required)	Maiden or Former Name
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Address	City	State	Zip Code
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E-Mail Address	Phone Number	Social Security Number	Birth Date
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Number of transcripts being requested _____

- Select ONE delivery method:
- Regular or Campus Mail (no fee)
 - Pick Up In-Person, 2-4 business days (no fee)
 - Same Day Pick Up In-Person (\$10 fee)

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 After Grades

If after degree/grades, which semester: 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.

- Mail transcript(s) to:
 (Check ONLY one box)
- the address listed above
 - the following:

Name of recipient/institution: _____

Attn/Office: _____

Mailing Address: _____

Mailing Address: _____

City, State, ZIP: _____

X

Student's Signature **REQUIRED**

No electronic or digital signatures will be accepted

Date