

# 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](mailto: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:  the address listed above  
(Check ONLY one box)  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