



Office Use Only

- ✓ ID:
- ✓ Holds:
- ✓ Date Contacted:

Transcript Request Form

Transcript requests can be faxed to 410-677-5078, made in person or mailed to the Registrar's Office: 120 Holloway Hall, Salisbury University, 1101 Camden Avenue, Salisbury, MD 21801.

***** A COPY OF YOUR PICTURE ID MUST BE INCLUDED WITH THIS FORM *****
THIS ENSURES THE SAFETY OF YOUR PERSONAL AND ACADEMIC INFORMATION.

Name: _____ Date of Birth: _____
Last Name First Name

Previous Names: _____

Student ID or SSN: _____ Years attended: _____

Phone Number: _____ Email: _____

Students may request up to 5 transcripts per order. A picture ID must be presented for all pickups.

- I request to have _____ transcript(s) printed for pick up in the Registrar's Office.
of copies
- I give permission for _____ to pick up _____ of my transcript(s).
of copies
- I request to have my transcript(s) mailed to the address (es) below:

of transcripts mailed to address 1: _____

of transcripts mailed to address 2: _____

In compliance with the Family Education Rights and Privacy Act (FERPA), the Registrar's Office issues transcripts only upon the written request of the student with a copy of his/her photo id. All financial obligations to the University must be met, including Financial Aid Exit Interviews, before transcripts will be released.

Student Signature

Date

Transcript requests are processed in the order in which they are received. Please allow 3 – 5 days for processing.