

TRANSCRIPT REQUEST FORM
Saint Leo University



In order for your transcript to be issued, you must provide the following information and have satisfied all financial obligations to the university. **There is a charge of \$35.00 for each paper transcript requested.** An additional charge of \$40.00 is due for overnight request(s) delivered within the United States or \$70.00 for expedited overseas shipments. Payment must accompany request. Credit card, check, or money order payments are acceptable. Make check or money order payable to SAINT LEO UNIVERSITY. The university will not provide a transcript of transfer credit until successful completion of coursework at Saint Leo University. Fill out one request form for each address to which you are sending copies.

You MUST sign your request. Requests without signatures will not be processed; No digital signatures.

Date of Request _____ Number of Copies _____

Student ID or other identifier _____ Date of Birth _____

Student's Last, First, Middle Name (Maiden or Former Name on record, if applicable)

Daytime phone number _____

Email address _____

All debit and credit card payments will be assessed a convenience fee at the time of payment.

Name as it appears on credit card _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Billing Address _____

City, State, Zip _____

ADDRESS TO SEND TRANSCRIPT TO:

SPECIAL INSTRUCTIONS:

Hold transcript until: _____ Semester/term grades post _____ Degree Conferral

Overnight delivery (additional charge of \$40.00 for Domestic or \$70.00 for International)

Student Signature _____
(Digital signatures are not accepted)

The Family Educational Rights and Privacy Act of 1974 requires written authorization from the student before transcripts can be released.

Return completed transcript request form by mail, fax or email to:

Saint Leo University, Registrar's Office
P.O. Box 6665, MC2278, St. Leo, FL 33574

Email: transcripts@saintleo.edu
Fax: 352-588-8656