

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 \$40.00 for each paper transcript requested. An additional charge of \$45.00 is due for USPS express mail (1-3) days) delivered within the United States or \$75.00 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. Number of Copies _____ Date of Request 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 USPS express delivery (additional charge of \$45.00 for Domestic or \$75.00 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 Email: transcripts@saintleo.edu
P.O. Box 6665, MC2278, St. Leo, FL 33574 Fax: 352-588-8656