

# Transcript Request SAMFORD UNIVERSITY

Print the form, complete it, and send to the Office of Student Records (800 Lakeshore Drive, Birmingham, AL 35229-7030), or fax it to (205) 726-2908.  
PLEASE TYPE OR PRINT CLEARLY.

Current Name: \_\_\_\_\_  
Last First Middle

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Social Security Number OR Banner SUID)

Maiden/Other Name(s): \_\_\_\_\_ Last Year Attended Samford: \_\_\_\_\_  
Last First Middle

## Your Mailing Address: (please type or print clearly)

Street or PO Box:

City:

State:

Zip:

Daytime Phone: ( )

E-Mail Address:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required by FERPA)

Send one free copy of my transcript as directed below. Send it:

Now  After current term's grades are posted  After degree is posted  Other: \_\_\_\_\_

PLEASE CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS:

## OPTION 1: For official transcripts: (please type or print clearly)

Company/School Name:

Individual/Dept. Name:

Address:

City:

State:

Zip:

## OPTION 2: For official transcripts to be sent electronically: (please type or print clearly)

Recipient's Name:

Email Address:

FOR OFFICE USE ONLY:

Holds checked by: \_\_\_\_\_ Date transcript sent: \_\_\_\_\_ By: \_\_\_\_\_