



**SAINT LOUIS
UNIVERSITY**

Office of the Registrar
One Grand Blvd
DuBourg Hall, Rm 22
St. Louis, MO 63103

Phone (314) 977-2269
Fax (314) 977-3447
registrar@slu.edu

Transcript Request Form

Student records are confidential and governed by the FERPA (Family Educational Rights and Privacy Act) law. Transcripts are issued only at the authorized request of the student or other parties whom are authorized by a signed FERPA consent. Transcript Requests will be processed when an authorized request is received in the Office of the Registrar. All written requests require the requestor's signature. Telephone and E-mail requests are not accepted.

Allow 2 - 4 business days for processing.

A transcript is a complete copy of the student's academic record. Official transcripts bear the signature of the University Registrar. Transcripts mailed directly to the student are "Sealed" and bear a stamp indicating "Official Transcript Issued to student in a sealed envelope". Students who request their transcript in person can request it unsealed in which case the stamp will indicate "Official Transcript Issued to student". Despite the seal being present on the transcript many institutions will require transcripts be mailed directly from Saint Louis University to ensure their authenticity.

Transcripts may be faxed, mailed, or both per the request of the student. A faxed copy, when received, will have "copy" imbedded in the background of the copy received.

Saint Louis University is unable to release transcripts received from other colleges or Universities. Transcripts from other institutions must be obtained from the originating institution.

Mailing address and fax number are located at the head of this text column.

Student ID # or SSN (If SSN, last 4 digits only)

Date of Birth

Print Student's Full Name (on line above)

Maiden/Other Name(s) Used

Day Time Phone

Dates of Attendance(s)

Hold for current
grades

Fall Spring Summer

Year

Hold for Degree
Conferral

Fall Spring Summer

Year

Address 1

Number of
Copies: -----

*Limit 5 per student
per day*

Address 2

Number of
Copies: -----

*Limit 5 per student
per day*

Fax Information (Optional)

Recipient: -----

Attention: -----

Fax #: -----

Student Signature

Date