

Southwestern University

Transcript Request Form

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released *only with the student's written authorization and signature*. To order your transcript, complete this form and *fax or mail* it to the Center for Academic Success and Records.

PLEASE CLEARLY PRINT ALL INFORMATION

Name: _____
Last First Middle Maiden

Date of Birth: _____ Student I.D. or S.S. #: _____

Phone: _____

Current Address: _____ E-mail: _____

- _____ Send Transcript Now
_____ Hold for current semester grades
Number of Transcripts Requested _____ Hold for Degree Notation
 College Year in Athens

Mail transcript(s) to:

Mail transcript(s) to:

Mail transcript(s) to:

Mail transcript(s) to:

A transcript may be faxed but it will be Unofficial: *(Complete only if requesting faxed copy)*

Fax # _____ To the Attention of: _____

I authorize Southwestern University to mail an official transcript of my academic record to each of the addresses indicated.

Signature: _____ Date: _____

Center for Academic Success and Records • P.O. Box 770 • Georgetown, TX 78627
Phone: 512-863-1952 • Fax: 512-863-1685