



# Office of the Registrar Official Transcript Request Form

Please print clearly and provide all of the information requested. Form is processed within 2-3 business days. Transcripts prior to 1983 may take longer to process. Any omission of information may delay the processing of this request.

Today's Date _____	Suffolk University Student ID# _____
Email Address _____	Social Security Number _____
Date of Birth _____	Daytime Telephone _____
Prefix _____ Name _____	
<i>Mr./Mrs./Ms.</i> _____ <i>Last</i>	<i>First</i> _____ <i>Middle Initial</i>
Former or Maiden Name _____	<b>Student Status:</b>
<b>Current Mailing Address:</b>	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Both <input type="checkbox"/> Non-degree
Street _____	<b>Dates of Attendance:</b>
City _____	From _____ To _____
State _____ Zip _____	Did you graduate from Suffolk? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>All fields are required. If these are not filled, there may be a delay in processing your request.</i>	If yes, when? _____

Send # \_\_\_\_\_ Transcript(s) to the following address (include person and/or department name)

Institution or Company \_\_\_\_\_

Person and/or Department \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Send # \_\_\_\_\_ Transcript(s) to the following address (include person and/or department name)

Institution or Company \_\_\_\_\_

Person and/or Department \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check any special requests or handling: (check all that apply)

Attach enclosures  Hold for current semester grades  Hold until degree is recorded

Hold for grade change  Other \_\_\_\_\_

I authorize Suffolk University to release the information indicated to the above listed address

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_