



Office of the Registrar
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Unofficial Transcript Request Form

*Mail, Scan, or Fax this completed form to
 Office of the Registrar*

Transcript Policy: A transcript is sent only on the written request of the Student. **Normal processing time is three business days.**

Print your name & address: _____ Date of Birth: _____
 Print Student Name: _____ Student ID or SSN: _____
 Street Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Home Telephone: (____) _____ - _____ Cell or Work Telephone: (____) _____ - _____
 Maiden name or other name used at Salve Regina: _____

Your academic level at Salve:

Undergraduate Studies

Graduate Studies

Graduation Date: _____

OR Dates of Attendance:

From: _____

To: _____

Number of unofficial copies: _____

PRINT CLEARLY exact name & address **WHERE** transcript is to be sent or emailed to, OR print **“HOLD FOR PICKUP”**

For most efficient delivery, identify a SPECIFIC PERSON OR OFFICE.

Institution Name (if applicable): _____

Contact Person/Office: _____

Address: _____

City, State, Zip: _____

Fax Number _____

Email address: _____

WHEN to send your transcript (*If not checked, your transcript will be sent as soon as possible.*)

Send as soon as possible OR

WAIT for posting of grades or degree after (*circle appropriate semester*)

Fall Spring Summer

*NOTICE: The student signature is **required**. No transcript will be sent without student signature.*

Student Signature: _____ Date: _____

-- Office Use Only --

Transcript Sent: Date: _____ By: _____