



Salve Regina University
Office of the Registrar
 100 Ochre Point Avenue
 Newport, Rhode Island 02840-4192
 401.341.2943 • FAX: 401.341.2996

date stamp

Transcript Policy: A transcript is sent only on the written request of the student. E-Mail transcript requests are not acceptable. University policy prohibits release of transcripts for students whose financial obligation to the University has not been satisfied. **Normal processing time is five business days** except for peak seasons at the end of each semester.

Transcript Request Form
Mail or Fax this completed form to
Office of the Registrar
with payment as indicated below.

Print your name & local address: _____ **Date of Birth:** _____
Print Student Name: _____ **Social Security No:** _____ - _____ - _____
Street Address: _____ **Apt:** _____
City: _____ **State:** _____ **Zip:** _____
Home Telephone: (_____) _____ - _____ **Cell or Work Telephone:** (_____) _____ - _____
Maiden name or other name used at Salve Regina: _____

| | | | |
|--|---|--|---|
| Type of transcript required: <input type="checkbox"/> Official Transcript <input type="checkbox"/> FAX Unofficial | Specify number of transcript copies to be sent to the address | Your academic levels at Salve: <input type="checkbox"/> Undergraduate Studies <input type="checkbox"/> Graduate Studies | Graduation Date: _____ OR Dates of Attendance: From: _____ To: _____ |
|--|---|--|---|

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

| | |
|--|--|
| <p>For most efficient delivery, identify a SPECIFIC PERSON or OFFICE.</p> Institution Name: _____ Contact Person/Office: _____ Institution Address: _____ City, State, Zip: _____ Fax Number (where applicable): (_____) _____ - _____ | <p>WHEN to send your transcript (If not checked, your transcript will be sent as soon as possible.)</p> <input type="checkbox"/> Send as soon as possible <input type="checkbox"/> WAIT for posting of grades after <i>(Circle appropriate semester)</i> Fall Spring Summer |
|--|--|

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

Student signature: _____ *Date:* _____

Transcript Fee: Select service level & indicate method of payment

\$ 5.00 per copy for normal processing

\$ 10.00 per copy by US mail ,processed in 48 hours, or by fax

If special handling is needed, contact Registrar’s Office for price before submitting payment .

Cash Check Credit Cards are payable online only, at:
<http://www.salve.edu/offices/registrar/#11>

– Office Use Only –

Transcript Sent:
 Date: _____ By: _____

Transcript Delayed Due to:
 Name DOB/ID BO \$