

Transcript Request SAMFORD UNIVERSITY

Print the form, complete it, and send to the Office of the Registrar (800 Lakeshore Drive, Birmingham, AL 35229-7030), or fax it to (205) 726-2908 or scan and email it to transcript@samford.edu.
PLEASE TYPE OR PRINT CLEARLY.

Current Name: _____
Last First Middle

Student ID: _____ Date of Birth: _____
(Social Security Number OR Banner SUID)

Maiden/Other Name(s): _____ Last Year Attended Samford: _____
Last First Middle

Your Mailing Address: (please type or print clearly)

Street or PO Box:

City: State: Zip:

Daytime Phone: () E-Mail Address:

Student Signature: _____ Date: _____

Electronic Signatures Not Accepted (Required by FERPA)

Send one free copy of my transcript as directed below. Send it:

Now After current term's grades are posted After degree is posted Other: _____

PLEASE CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS:

OPTION 1: For official transcripts: (please type or print clearly)

Company/School Name:

Individual/Dept. Name:

Address:

City: State: Zip:

OPTION 2: For official transcripts to be sent electronically: (please type or print clearly)

Recipient's Name:

Email Address:

FOR OFFICE USE ONLY:

Holds checked by: _____ Date transcript sent: _____ By: _____