



Selma University  
Office of the Registrar \* 1501 Boynton Street \* Selma, Alabama 36701  
(334) 526-1718 \* (334) 375-9887

## ACADEMIC TRANSCRIPT REQUEST FORM

STUDENT INFORMATION:

DATE: \_\_\_\_\_

PRINT: Name, Address and Telephone Number

Previous names while attending Selma University

|                |
|----------------|
| Name:          |
| Address:       |
| Address:       |
| City/State/Zip |
| Telephone:     |
| Email:         |
| Signature      |

Social Security Number

Date of Birth

Dates of Attendance

|             |           |
|-------------|-----------|
| From (Year) | To (Year) |
|-------------|-----------|

PHOTO ID is required. First transcript request is FREE. Each subsequent transcript request is \$10.00. Money Order or Check, (Cash payments are made in person Only).

Which transcript is requested?    \_\_\_ Undergraduate    \_\_\_ Graduate    \_\_\_ Both

Mail (Official Transcript)       Mail (Unofficial Transcript)

Mail to: \_\_\_\_\_

Attn: \_\_\_\_\_

Address \_\_\_\_\_

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

Pick Up (Official Transcript)       Pick Up (Unofficial Transcript)

Name on Envelope: \_\_\_\_\_

Address on Envelope: \_\_\_\_\_

Fax (Unofficial only) \_\_\_\_\_

Fax Number

Recipient's Name

Email (Unofficial only) \_\_\_\_\_

Email Address

Recipient's Name

Office Use: Transcript Request was completed by (Name and Date) \_\_\_\_\_