

Transcript Request Form

SAMUEL MERRITT UNIVERSITY
Office of the Registrar
3100 Telegraph Ave., Suite 1000
Oakland, CA 94609
Telephone: 510-869-1550
Fax: 510-869-6204

All transcripts are "official" bearing the seal of the University and an authorized signature

Transcripts will NOT be issued until all financial obligations to Samuel Merritt University are paid

- **Fees must be paid in advance – Cash or Check ONLY – currently, we cannot accept credit card payment.
- \$5.00 per copy – Normal Processing (allow 7 working days, 10 days at the end of the term)
 - \$15.00 per copy – RUSH (24 hour processing – **sent via regular U.S. mail**)

Please print:

Social Security Number or Student ID Number Today's Date

Last name First name Middle name

Current Street Address

City, State, and Zip Code Area Code and Phone Number

Any other names used

Dates of Attendance: From _____ to _____

When should transcripts be processed?

- () Now – normal processing _____ # copies requested (7-10 working days) \$5.00 per copy
() RUSH – 24 hour processing _____ # copies requested \$15.00 per copy (**sent via regular U.S. mail**)
() After final grades have been posted for the: (circle one) SPR / SUM / FALL Term Yr: _____
() After grade(s) have been changed for: Course(s) _____ ex. NURSG 170
() After degree has been posted

Have you received more than one degree from SMU? (e.g. BSN and MSN) () Yes () No

Currently enrolled? () Yes () No Program : _____
Example: BSN, DPM, ELMSN, MOT

Will you be picking them up? () Yes () No

Send transcript(s) to:

Signature: _____

Office use:

- () Paid _____
() Cleared with Financial Services
Date Sent: _____