

TRANSCRIPT REQUEST FORM

Send to: Saint Anselm College Registrar's Office 100 Saint Anselm Dr, Manchester NH 03102

Full Name: _____ SS# _____

Name when enrolled (if different): _____

Address where we can contact you: _____

Date of Birth: _____ Contact Phone Number: _____

ALUMNI: List Month/Year Degree Conferred _____
Check degree earned: _____ Bachelor of Arts _____ Bachelor of Science/Nursing

CURRENT STUDENTS:
____ Senior _____ Junior _____ Sophomore _____ Freshman

NON-DEGREE STUDENTS :
Dates of attendance: _____ TO _____

Please indicate number of official transcripts to be sent:
_____ Official (\$5 per copy enclosed)
_____ Official Rush (\$10 per copy enclosed) to be processed in one business day
_____ Currently enrolled students: No Charge

PLEASE NOTE: The Rush service is a processing service only and does NOT include mailing time. We CAN NOT guarantee this service during registration periods in November and April, or prior to Commencement in May.

I wish to pay by: ___ Cash ___ Check (Please make checks payable to Saint Anselm College)
___ MasterCard ___ VISA CARD# _____ Exp date _____
PLEASE NOTE: We can not accept debit cards

Name on Card: _____ Signature: _____

Please indicate below a COMPLETE address (including an office and/or department) to send your transcript to:

No official transcripts will be furnished if your financial obligations to the college have not been satisfied. YOUR WRITTEN RELEASE FOR TRANSCRIPTS IS REQUIRED. PLEASE SIGN YOUR NAME IN THE SPACE PROVIDED.

Release: _____ Date: _____
Student Signature

Normal processing time is 3-5 business days. Every attempt will be made to process your request as quickly as possible. Transcript request can be mailed or faxed to (603) 656- 6297. If faxed, please include credit card number and expiration date. We can not accept requests via e-mail.