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:___________________________