

Transcript Request Form

SAMUEL MERRITT UNIVERSITY

Office of the Registrar
450 30th Street, Suite 2802
Oakland, CA 94609
Telephone: 510-869-1550
Fax: 510-869-6204

All transcripts are "official" bearing the seal of the College 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

- \$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
- () After final grades have been posted for the: (circle one) JAN / SPR / SUM / FALL Term Yr: _____
- () After grade(s) have been changed for: Course(s) _____ ex. Nursg 120
- () After degree has been posted

Currently enrolled? () Yes () No Program or Major? _____
Example: BSN-Nursing, 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: _____