

Today's Date

OFFICE OF UNIVERSITY REGISTRAR
Fairfield University
TRANSCRIPT REQUEST FORM

OFFICE USE ONLY:

NAME: _____

Date Mailed

To Be Picked Up
On:

Issued to Student
On:

No. of
Copies:

Paid

Not Paid

Date Completed

Intl.

Fairfield ID# or SS#: _____

STUDENT COPY OFFICIAL COPY SEND IMMEDIATELY

HOLD THIS REQUEST FOR: _____
Current Degree
Sem. Grades Posted

NUMBER OF COPIES TO BE SENT: 1

Name	Last	First	M.I. or Maiden
No. and Street			
City	State		Zip Code
Phone			
E-mail			

STUDENT'S SIGNATURE _____

Send Transcript To: _____
(List additional addresses on back of form)

Official transcripts with the University seal are not issued to students or alumni. An unofficial copy may be ordered for personal use. Requests must be made one week in advance.

YOUR STATUS at FAIRFIELD UNIVERSITY

<i>If Currently Enrolled</i>		<i>If Graduated or Attended</i>	
		DIVISION	DATES FROM TO
Full-Time Undergraduate:		Full-Time Undergraduate	
Freshman <input type="checkbox"/>	A & S <input type="checkbox"/>	University College	
Sophomore <input type="checkbox"/>	Business <input type="checkbox"/>	PT Undergraduate Nursing	
Junior <input type="checkbox"/>	Engineering <input type="checkbox"/>	PT Undergraduate Engineering	
Senior <input type="checkbox"/>	Nursing <input type="checkbox"/>	Graduate Education	
University College:		Graduate Communication	
Credit <input type="checkbox"/>	Non-Credit <input type="checkbox"/>	Graduate Business	
Study Abroad <input checked="" type="checkbox"/>		Graduate Nursing	
PT Undergraduate:		Graduate Engineering	
Engineering <input type="checkbox"/>	Nursing <input type="checkbox"/>	Graduate A & S	
Graduate:			
Education <input type="checkbox"/>	Nursing <input type="checkbox"/>		
Business <input type="checkbox"/>	Engineering <input type="checkbox"/>		
A & S <input type="checkbox"/>			