

Official Transcript Request Form

Return to: Registrar's Office
Seton Hill University, 1 Seton Hill Drive
Greensburg, PA 15601

Phone: 724-552-2954
Email: registrar@setonhill.edu
Fax: 724-830-1902

SHU ID# _____	OR	SS# _____
Name _____		Former Name _____ <i>(Please provide proof of name change)</i>
Address _____		Dates of Attendance _____
_____		Daytime Phone _____
_____		Email Address _____

****Please Note:** In most cases transcripts will be processed within 1 business day. Requests will NOT be honored for a person who has a financial hold or another obligation to the University.

Transcript Should Be Processed:	Transcript Requested:
<input type="checkbox"/> Now: Some grades may be missing	<input type="checkbox"/> Undergraduate
<input type="checkbox"/> Later: Hold for current semester grades	<input type="checkbox"/> Graduate
<input type="checkbox"/> Later: Hold for degree awarded notation	<input type="checkbox"/> Combined <i>(Both Undergrad and Grad classes)</i>
	<input type="checkbox"/> College in High School/Dual Enrollment
	<input type="checkbox"/> Total number requested _____

Where Transcript is to be Mailed: <i>(Please Print)</i> _____ _____ _____ _____	Payment: (\$5.00 per copy) <input type="checkbox"/> Online: www.setonhill.edu/pay <input type="checkbox"/> Credit Card: Call 724-838-4214 <input type="checkbox"/> Check or Money Order: Made payable to Seton Hill University <input type="checkbox"/> Cash
E-mail Address Or Fax Number _____ (Please include contact name) <i>(Transcripts May Not Be Considered Official if emailed or faxed.)</i>	

Student Signature _____ **Date** _____

**Federal law prohibits issuing a transcript without the student's written permission*

Office Use Only:	Initials: _____	Amount Paid _____	Payment Type _____
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