



Office of the Registrar
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OFFICE USE ONLY Transcript sent: Date: _____ By: _____

UNOFFICIAL TRANSCRIPT REQUEST

Transcript Policy

A transcript is sent only on the written request of the Student. University policy prohibits release of transcripts for students whose financial obligation to the University has not been satisfied. **Normal processing time is three business days.**

Student Name: _____	
Student ID or SSN: _____	DOB: _____
Street Address: _____ Apt: _____	
City _____	State: _____ Zip Code: _____
Phone: _____	
E-mail: _____	
Maiden Name or Other Name Used at Salve: _____	
Graduation Date: _____ or Dates of Attendance: From: _____ To: _____	
Your Academic Level at Salve: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	

FOR MOST EFFICIENT DELIVERY, IDENTIFY A SPECIFIC PERSON OR OFFICE

Print clearly exact name & address where transcript is to be sent or emailed to, or print "Hold for pickup"

Institution Name (if applicable): _____	
Contact Person/Office: _____	
Street Address: _____	
City _____	State: _____ Zip Code: _____
Fax Number: _____	
E-mail: _____	
Number of unofficial copies: _____	

NOTICE

Student signature is required. No transcript will be sent without a student signature

Student Signature: _____ **Date:** _____