Office of the Registrar
100 Ochre Point Avenue
Newport, RI 02840
Tel: 401-341-2943
sruregistrar@salve.edu

UNOFFICIAL TRANSCRIPT REQUEST

Transcript Processing Details

Transcripts will be sent only upon receipt of the student's written request. Normal processing time is three to five business days.

Student Name: _____

Maiden name or other name used while attending: _____

Student ID or last 4 of SSN: _____ **DOB:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

E-mail: _____

Graduation Date: _____ **or Dates of Attendance: From:** _____ **To:** _____

Academic level while attending: ☐ Undergraduate ☐ Graduate

Please choose how you would like to receive your unofficial transcript:

Emailed ☐ **Printed Copy Mailed** ☐

Institution Name (if applicable): _____

Contact Person: _____

Street Address: _____

City _____ **State:** _____ **Zip Code:** _____

E-mail: _____

Student Signature Required

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

Student Signature: _____ **Date:** _____

Email completed form to Office of the Registrar at: sruregistrar@salve.edu

Revised 06/26