



Official Transcript Release Authorization

Graduate Admission – MC2248 / PO Box 6665 / Saint Leo, FL 33574-6665
Toll Free: Phone 1-800-707-8846 / Fax 1-352-588-7873

To: Office of Registrar

College/University Name

College/University Address and /or Location (please include City and State)

Dates of attendance (from / to)

Degree program taken and/or earned

Year of graduation

I give you the authority to release my official transcript to:

Saint Leo University
Office of Graduate Admission- MC2248
P. O. Box 6665
Saint Leo, FL 33574-6665

Student Name

Student Date of Birth

Student Name used while in attendance (if different from above)

Address

City

State

Zip

(_____) _____

Phone

Social Security Number

Attention Registrar's Office:

Please process this request within 2 weeks of receipt. If any difficulties are encountered within this request, please contact the Graduate Admissions Office at 1-800-707-8846 or 352-588-7404.

Student's Signature *

Date

* Required for release of transcript under the Family Education Rights and Privacy Act of 1974.