



SAINT LEO UNIVERSITY

Graduate Admissions • MC2248 P.O. Box 6665 • Saint Leo, FL 33574
Toll Free: Phone 1-800-707-8846 • Fax 1-352-588-7873

Official Transcript Release Authorization

To: Office of Registrar

College/University _____

Location (City & State) _____

Approximate dates attended: From: _____ To: _____

Degree earned: _____ Year of graduation: _____

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

Saint Leo University
Graduate Admissions
MC2248, University Campus
P.O. Box 6665
Saint Leo, FL 33574-6665

Name Date of birth

Name on transcript (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.