



SELMA UNIVERSITY-Office of the Registrar

1501 Lapsley St. Rm. 110, Selma, AL. 36701*(334) 872-2533

TRANSCRIPT REQUEST FORM

STUDENT INFORMATION:

Date: _____

PRINT: Your name, address and phone number

Previous names while attending Selma University

Name:
Address:
Address:
City/State/Zip
Phone:
Email:
Signature:

Social Security Number/Date of Birth

Dates of Attendance

CAMPUS ATTENDED: Main Campus Enterprise, AL Gordo, AL
 Lanett, AL Mobile, AL Pensacola, FL
 York, AL Other _____

SPECIAL INSTRUCTIONS: Total Number of Copies Requested _____

Which transcript is requested? All Undergraduate Graduate

(First request free, \$10 each subsequent request)

Certified Copy of Degree A.A./A.S. B.A. M.A. Allied Health
(\$100 fee, Mail or Pick-up with proper ID) – *include name on degree under previous name above*

(\$25 fee for Allied Health Certificate)

Choose one:

- | | |
|---|---|
| <input type="checkbox"/> Mail Now (for Official Transcripts) | <input type="checkbox"/> Student Copy (Unofficial) |
| <input type="checkbox"/> Will Pick Up (Unofficial) | <input type="checkbox"/> Electronic Delivery (Escrip) |
| <input type="checkbox"/> Hold For Grades | <input type="checkbox"/> Electronic Delivery (One-Time) |
| <input type="checkbox"/> Fax (faxed transcripts are unofficial) | |

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There may be a charge for each transcript requested