



## Request for an Official Transcript

Sarasota University  
 6371 Business Blvd  
 Sarasota, FL 34240

**\*\*\*To Campus Registrar: Please mail an official transcript to Sarasota University at the address listed above or fax an official transcript prior to mailing to (866) 582-8448**

First Name	Last Name	Social Security Number
Full name at the time of attendance (if different from above)	Date of Birth	Phone number
Address		Country
City	State	Zip
Dates of attendance:(yrs)	I graduated in:	
College/University Name		
Address	Country	
City	State	Zip
Fax Number	Phone Number	
Notes		
<b>X I AUTHORIZE YOU TO RELEASE MY OFFICIAL TRANSCRIPT TO SARASOTA UNIVERSITY</b>		
Signature	Date	