



**SARASOTA**  
UNIVERSITY

## Request for an Official Transcript

Sarasota University  
5104 N Lockwood Ridge Rd, Suite 102  
Sarasota, Florida 34234

**\*\*\*To Campus Registrar: Please email (or send electronically) an official transcript to Ellyn Lastinger, Director of Admissions: [admissions@sarasotauniversity.edu](mailto:admissions@sarasotauniversity.edu)**

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	