SOUTHEASTERN UNIVERSITY

TRANSCRIPT REQUEST FORM

Office of the Registrar
1000 Longfellow Blvd. Lakeland, FL 33801
Phone (863) 667-5000 Fax (863) 667-5200
registrar@seuniversity.edu

Please provide the most current information. Your financial status with the university must be verified before a transcript will be released. Transcript requests will not be processed if money is owed to the university or if loans are past due. **The manual transcript request fee is $7.00 per transcript.** Payment must be received at the time of request, except for staff / faculty/ scholarships (free).

Payment can be made by cash or money order. The university does not accept personal checks or credit / debit cards as payment for manual transcript request fees. If you want to pay with credit / debit card, the online transcript request method should be chosen rather than the manual transcript request. Please ask for the online transcript request information flyer.

STUDENT INFORMATION

( )

Last Name | Maiden Name | First Name | Middle Name

- - / /

Student ID # | Social Security # | Date of Birth (MM/DD/YYYY)

Current Address | City | State | Zip

( ) -

Current Email Address | Current Telephone #

X / /

SIGNATURE | Date

INDICATE WHETHER YOU ARE:

☐ Graduated ☐ Not Enrolled ☐ Currently Enrolled----Hold until current term's grades are posted? ☐ Yes ☐ No

TRANSCRIPT REQUEST INFORMATION

*An official transcript is a transcript printed on security paper, signed and dated by the Registrar. An official transcript must be sent to a party other than the student or must be presented by the student in a sealed university envelope. ***Note: If the envelope is opened by anyone other than the authorized recipient, it becomes an unofficial transcript. The student is not an authorized recipient and should not open the sealed envelope.***

SCHOLARSHIP? If so, name of scholarship: _____

☐ For Pick-Up Qty: _____ Type (circle one): Official | Unofficial ***BRING PHOTO ID WHEN PICKING UP***

Name: _____ Phone Number: (_____)_____-_____

☐ For Mail Qty: _____ Type (circle one): Official | Unofficial

Name/Institution: _____ ATTN: _____

Address: _____

City, State, ZIP: _____

☐ For FAX Qty: _____ Type: Unofficial ATTN: _____

Institution:_____ FAX #: (_____)_____-_____

THIS SECTION TO BE COMPLETED BY REGISTRAR'S OFFICE

Request Date: _____/_____/_____ Total #_____ Total $ _____._____ ☐ Address Updated ☐ Degree History Updated

Payment Type: ☐ Cash ☐ Money Order ☐ Free for Staff / Faculty / Scholarship No Holds_____

Holds: BU_____ CH_____ CP_____ FA_____ FT_____ HM_____ LB_____ MU_____ SL_____ Date_____/_____/_____

Transcript Complete: _____/_____/_____ ☐ Faxed ☐ Mailed ☐ Pick-Up Payment/Hold Letter Sent: _____/_____/_____