

SARAH • LAWRENCE • COLLEGE

Registrar's Office, 1 Mead Way, Bronxville, NY 10708 914-395-2301

Academic Transcript Request

Name _____ SSN _____
last first middle

Name enrolled under, if different _____

Currently enrolled? Yes No Dates of Attendance _____

Current address _____

Telephone number () _____ Email address _____

When should transcripts be sent? Now Hold for final grades Hold for degree award

Number of copies to be sent _____

Send transcript to:

Name/Institution _____

Street Address _____

City/State/Zip _____

My signature below authorizes Sarah Lawrence College to issue my transcript as indicated on this page.

Signature _____ Date _____

The fee is \$6.00 for each copy. All requests must be approved by the Sarah Lawrence College Comptroller's Office. Please allow five working days to process your request.

Please note that Sarah Lawrence College does not compute a grade point average or rank in class.

OFFICE USE ONLY

Rec'd _____ Paid _____ Mailed _____ Init _____