

Transcript Request Form Registrar's Department

St. Matthew's University
12124 High Tech Avenue
Suite 290
Orlando, FL 32817
Phone – 800-498-9700 / 407-488-1700
Fax – 800-565-7177 / 407-488-1743
Email – registrar@stmatthews.edu

Regulation Governing the Issuance of Transcripts

- 1. Financial obligations to SMU must be met prior to transcripts being released.
- 2. Official transcripts can only be mailed. Unofficial transcripts can be faxed or emailed, use a separate form for each recipient or destination.
- 3. All transcripts are \$10 each. NO REQUESTS WILL BE PROCESSED WITHOUT PAYMENT. Credit Card payments can be made online at www.smuonline.com, checks and money orders can be mailed to address above.
- 4. Allow 3-5 <u>business</u> days for processing once financially approved.

5. Please select one:		
	delivery: First class mail mestic shipping: \$25.00	
	ternational shipping: \$50.00	
6. All unapproved requests will	be voided after 30 days.	
ALL FIELDS MUST BE COM	MPLETED IN ORDER FOR REQUE	EST TO BE PROCESSED. Please print clearly.
Last name	First Name	Middle
Street Address		
City	State/Prov Zip	Country
Phone #	Email Address	
Student I.D. #	Social Securi	ty #
SELECT ONLY ONE: □ Ma	il Official □ E-Mail Unofficial □ Fax	Unofficial □ Upload to ERAS/AAMC#
SELECT ONLY ONE: Cur	rrent Student 🗆 Past Student 🗆 Gradu	uate
SELECT ONLY ONE: □ Hol	ld for semester grades Hold for conf	ferred degree □ Not Applicable
NUMBER OF TRANSCRIPT	'S:	
SIGNATURE		
RECIPIENT INFORMATION Mailing Address/Fax Number/E	N: Please print clearly.	
OFFICIAL USE ONLY:		
Student Accounts Approval:	Fee Due: Date Processed:	