

Today's Date

OFFICE OF THE UNIVERSITY REGISTRAR  
**Fairfield University**  
**TRANSCRIPT REQUEST FORM**



**FOR OFFICE USE ONLY**  
ID: \_\_\_\_\_  
NAME: \_\_\_\_\_  
PAID: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_

Fairfield ID# or SS#: \_\_\_\_\_

- STUDENT COPY       SEND IMMEDIATELY
- OFFICIAL COPY     HOLD FOR GRADES
- HOLD FOR DEGREE

NUMBER OF COPIES TO BE SENT: \_\_\_\_\_

Last Name	First Name	M.I.	Maiden/Former
Address			
City	State	Zip Code	
Phone			
E-mail			

STUDENT'S SIGNATURE \_\_\_\_\_

Send Transcript To: \_\_\_\_\_  
(List additional addresses on back of form)


**Currently Enrolled: Yes / No**  
**Years of Attendance:** \_\_\_\_\_

**Level:**     Undergraduate  
 Graduate  
 Non-credit

**School:**    College of Arts & Sciences  
 Dolan School of Business  
 Graduate School of Education and Allied Professions  
 School of Engineering  
 Egan School of Nursing and Health Studies  
 Bridgeport Engineering Institute (1924-1993)  
 Graduate School of Corporate and Political Communication (1969-1990)

Requests must be made one week in advance.