

## TRANSCRIPT REQUEST FORM

Mail: PO Box 750275, Dallas, TX 75275-0275 Phone: 214/768-8446 Fax: 214/768-1071 Email: [smuthink@smu.edu](mailto:smuthink@smu.edu)

**Please Read Carefully And Complete ALL Items Numbered 1-13.**

1. SMU ID Number / SS# \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_
3. Term & Year last enrolled at SMU Continuing Studies: \_\_\_\_\_
4. Total No. of copies requested: \_\_\_\_\_ Copies to be sent to more than one address:  Yes  No
5. Student's Name ~ Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
6. Name last enrolled under if different from #5 above: \_\_\_\_\_
7. Student's current address: **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_
8. Student's daytime phone number: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_
9.  Do not mail transcript(s). Will pick up.  
 Mail transcript copies to the following. (All fees must be pre-paid).
- Send first copy (\$10) to:** **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_
- Send additional \_\_\_\_\_ copy/s (\$3 each) to the same address.**
- Send \_\_\_\_\_ copy(s) (\$3 each) to a different address:**  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_
10. **Payment: \$10 for first copy + \$\_\_\_\_\_ for \_\_\_\_\_ additional copies at \$3 each. Total due:\_\_\_\_\_**
11. **For Special Requests/Instructions:** Check any mailing method that applies. Please list details on the lines below. Transcripts should be:  
 held for a grade change;  held for certification posting;  sent in separate sealed envelopes  
\_\_\_\_\_  
\_\_\_\_\_
12. **Payment Information:** You may pay by **Check, Money Order** or **Credit Card. Transcripts will only be mailed upon full payment!** Make checks payable to SMU. Mail this completed form along with full payments to: SMU, PO Box 750275, Dallas, TX 75275-0275.  
 Cash (Will pick-up) Do not send cash in the mail.  Check (Will pick-up)  
 Check enclosed with this request by mail.  
 MasterCard  Visa Credit card number: \_\_\_\_\_ Exp: \_\_\_\_\_
13. Signature \_\_\_\_\_ Total amount due: \_\_\_\_\_
14. Date of Request: \_\_\_\_\_