



Seton Hill University
1 Seton Hill Drive
Greensburg, PA 15601

Toll Free: 1-800-826-6234
Fax #: 724-830-1294
Email: admit@setonhill.edu

PROSPECTIVE STUDENT TRANSCRIPT REQUEST FORM

- Official College Transcripts
- Official High School Transcripts
- GED Scores

Your Last Name:	
Your First Name:	
Your Middle Name:	
Indicate any former name(s):	
Mailing Address:	
City & State:	
Zip:	
Phone number:	

The Records/Registrar's office has my permission to release this transcript to Seton Hill University at the address below:

Seton Hill University
Office of Admissions
1 Seton Hill Drive
Greensburg, PA 15601

Signature _____

Date _____

Number of copies requested _____

* Please note that there may be a fee to release transcripts. Please check with your college/high school, or testing center. This fee must be paid by the student.

SOCIAL SECURITY NO.

Month Date Year

I am currently enrolled here.

If not currently enrolled, give date of last attendance:

Term _____

Year _____

If you have received a degree or diploma, list here:

Program _____

Date _____

Check one

Prepare transcripts now

Hold until current term grades can be included

Hold until degree/diploma is posted