Student Transcript Request Form

This form is for requesting that transcripts be sent to Franciscan University of Steubenville. Complete the form and submit it to the high school or college that you wish to send your transcript.

Last Name **First Name (Legal)** **Middle**

Other last name(s) which might appear on your transcript. **Social Security Number**

Telephone Number (Including Area Code) **Email Address**

Address (Number and Street) **City** **State** **Zip Code**

If requesting a high school transcript please complete this section:

High School Name **Year of High School Graduation**

Please submit a copy of the high school transcript, including senior year courses for the above-named student, and the current High School Profile including grading scale.

If requesting a college transcript please complete this section:

College Name **Last semester of attendance at this college**

Please release my transcript and mail with a copy of this form to:

Franciscan University of Steubenville
Office of Admissions
1235 University Blvd
Steubenville, Ohio 43952

Student Signature **Date**

Revised 12/08