

St. Bonaventure University

Office of the Registrar, P.O. Box C, St. Bonaventure, NY 14778
Phone: (716) 375-2020 Fax: (716) 375-2087 Email: records@sbu.edu

Transcript Request Form

CONTACT INFORMATION:

Student I.D. # _____ OR Date of Birth: _____

Name (when enrolled) _____

Current Address _____

City _____ State _____ Zip _____ Phone _____

Current Email _____

_____ Current Student? If Yes, how do you want this sent? _____ Immediately _____ After Current Semester Grades _____ After Degree

I hereby authorize St Bonaventure University to release my transcript.

SIGNATURE REQUIRED: _____ **DATE:** _____

TRANSCRIPT REQUEST INFORMATION:

***Each transcript includes undergraduate and graduate transcripts.

_____ Total # of Transcripts Needed _____ Official (mail only) _____ Unofficial (mail or email)
_____ Pick Up or _____ Send

SEND TRANSCRIPT TO:

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

- Cost \$20.00 per transcript

www.sbu.edu/academics/registrar's-office/transcripts

PAYMENT INFORMATION:

Please click the following secure link to make payment. Once payment and this form is received, we will process your transcript.

<https://payit.nelnet.net/form/aYdIBTIs>