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Graduate School · Office of the Registrar  
600 Maryland Avenue, S.W., Suite 330  
Washington, DC 20024  
**SOUTHEASTERN UNIVERSITY**  
**TRANSCRIPT REQUEST FORM**

**Student Information** *(Please print legibly and in ink)*

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Last First Middle

ID# or SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing address \_\_\_\_\_  
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In accordance with the Family Educational Rights and Privacy Act of 1974, your signature is required to authorize the release of your transcript. Because of confidentiality concerns, telephone requests cannot be honored.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
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- FEES:**  \$ 5.00 each transcript (USPS Standard Mailing included)  
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A letter releasing your transcripts to a friend or relative must accompany this form if they are picking it up or mailing your transcript for you. The letter must be signed and dated by you and include the name of the person picking up the transcript.