



Official Transcript Release Authorization

Distance Learning Program/NCPACE

Toll Free: Phone 1-866-758-3571 / Fax 1-352-588-8196

To: Office of Registrar

College/University Name

College/University Address and /or Location (please include City and State)

Dates of attendance (from / to)

Degree program taken and/or earned

Year of graduation

I give you the authority to release my official transcript to:

FOR USPS Mail:
Saint Leo University
Distance Learning MC2070
P.O. Box 6665
Saint Leo, FL 33574-6665

FOR UPS:
Saint Leo University
Distance Learning MC2070
12203 Wichers Road
Saint Leo, FL 33574-6665

Student Name

Student Date of Birth

Student Name used while in attendance (if different from above)

Address

City

State

Zip

(_____) _____

Phone

Social Security Number

Attention Registrar's Office:

Please process this request within 2 weeks of receipt. If any difficulties are encountered within this request, please contact Eleanora Petty (eleanora.petty@saintleo.edu) or Randi Kinney (randi.kinney@saintleo.edu) at 1-866-758-3571.

Student's Signature *

Date

* Required for release of transcript under the Family Education Rights and Privacy Act of 1974.

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