



NCPACE • Distance Learning Program  
Phone 866-758-3571 • Fax 352-588-8196

## Official Transcript Release Authorization

To: Office of Registrar

College/University \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Approximate dates attended: From \_\_\_\_\_ To \_\_\_\_\_

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

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name on transcript (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_

Attention Registrar's Office:

Please process this request within 2 weeks of receipt. If any difficulties are encountered within this request, please contact:

Randi Kinney      Randi.Kinney@saintleo.edu

Student's Signature \_\_\_\_\_

\_\_\_\_\_ Date