This form can be found online at http://www.snhu.edu/files/pdfs/TranscriptRequestReleaseForm.pdf

# Transcript Request Release

∀ Your signature on this form entitles Southern New Hampshire University the right to request your transcripts directly from your previous institutions.

∀ You must complete a separate form for each institution attended.

∀ All fields must be filled out accurately and completely in order for us to receive your official transcripts in a timely manner.

∀ Send the completed and signed form by:

FAX: 603.314.1486, Email: gradadm@snhu.edu, or mail to the address at the bottom of this form.

## Information of Institution Attended

Name of Institution Attended: __Seattle Central Community College_____

City: _Seattle_____ State: __Wa._____

Month/Year you started: _06_____/_1974 __to Month/Year you stopped attending _08_____/_1974

Degree Earned: __n/a

## Student Information

First Name: __Brian _____ Last Name: __Woodruff_____

Name When Attending (if different): _____

Student ID# (if known) _____ Date of Birth (MM/DD/YYY) _06/07/1955_____

Current Address: __po box 444_____

City: _Athol_____ State: __ID_____ Zip Code: ___83801_____

Student Signature*: _____ Date: _____

**I hereby authorize a faxed or emailed copy of this signature to be used in lieu of the original.*

## Please send one (1) official transcript for the above student to:

SNHU
33 South Commercial Street Suite 203
Manchester, NH 03101-2626

SNHU Payment information: