



# SOUTHWESTERN UNIVERSITY

## COLLEGE YEAR IN ATHENS (CYA) TRANSCRIPT REQUEST FORM

**PLEASE CLEARLY PRINT ALL INFORMATION**

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released *only with the student's written authorization and signature*. To order your transcript, complete this form and *fax, email, or mail* it to the Center for Academic Success and Registrar.

*NOTE: This form is for College Year in Athens participants only. Southwestern University students must order transcripts using the National Student Clearinghouse online system.*

### STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First Middle Maiden

Student ID or SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Attended:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  Current Student

### MAIL OFFICIAL TRANSCRIPT(S) TO *(include name of recipient/school/business)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of transcripts to this address: \_\_\_\_\_

Number of transcripts to this address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of transcripts to this address: \_\_\_\_\_

Number of transcripts to this address: \_\_\_\_\_

### EMAIL/FAX UNOFFICIAL TRANSCRIPT TO

Email/Fax#: \_\_\_\_\_ Attn: \_\_\_\_\_

*I authorize Southwestern University to release an official transcript of my academic record to each of the recipients indicated.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Center for Academic Success and Registrar • PO Box 770 • Georgetown, TX 78627  
Phone: 512-863-1952 • Fax: 512-863-1685 • registrar@southwestern.edu