

Swarthmore College Official Transcript Request Form

**Swarthmore College
Office of the Registrar
500 College Avenue
Swarthmore, PA 19081
Fax: 610-957-6100**

Date: _____

Please *print* your name: _____

If different; name while attending school: _____

ID# or Birth Date: _____

GRADUATION YEAR: _____

Phone number where you can be reached if we encounter a problem filling your request:

_____ Email: _____

QUANTITY REQUESTED _____: We send your transcripts by US mail (we pay postage). Express shipping is **not** available for transcripts requested by fax. For mailed or in-person transcript requests, express shipping is available *only* if you include your own pre-paid express mail envelope with your transcript request. Transcripts cannot be faxed.

Please indicate the reason for the request, [Graduate/professional school] [Study abroad]

[Employment] Other: _____

SPECIAL REQUESTS:

PLEASE PRINT COMPLETE RECIPIENT ADDRESS (ES) HERE, AND/OR USE ANOTHER SHEET:

Your signature is required: _____

Mail or Fax this completed signed form; to the address or fax # above.