

Swarthmore College - Official Transcript Request Form

Date: _____

Please **print** your name: _____

If different; name while attending school: _____

ID#: _____ Date of Birth: _____

If you are in need of your Swarthmore ID # please retrieve it by emailing records@swarthmore.edu

GRADUATION YEAR: _____

Where you can be reached if we encounter a problem filling your request:

Phone number _____ 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, Visa, Other:

SPECIAL REQUESTS: _____

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

Your signature is required: _____

*Please mail or email this completed **signed** form to the address or email below.*

**Swarthmore College
Office of the Registrar
500 College Avenue
Swarthmore, PA 19081
Fax: 610-957-6100
registrar@swarthmore.edu**