



Transcript & Duplicate Diploma Request Form

Office of the Registrar
8560 Ulmerton Road, Largo, FL 33771
Office: 727-736-5082 FAX: 727-738-8405

Student Name: _____
Last First Middle

Name while attended: _____
Last First Middle

Date of Birth: _____ Last 4 of Social Security Number: _____

Phone Number: _____ Email Address: _____

Dates of Attendance: _____ Degree Received | Campus Attended: _____

Student Signature: _____ **required to release transcripts (FERPA)**

By signing I understand that transcripts will not be released: **a)** for any student whose financial obligations to Schiller International University have not been satisfied **b)** without receipt of full payment of transcript fees as stipulated below; **c)** unless all official transcripts/documents from previous schools are on file. **Transcripts will not be released without the student's signature.**

Number of Official Number of Unofficial Express Courier Fee Number Duplicate Diploma

Send to: _____

OFFICE INTERNAL USE ONLY
For transcripts dated after January 1, 2009, the fee is \$10.00 USD (€20.00) for each transcript requested.
For transcripts dated 2008 or earlier, the transcript fee is \$20.00 USD (€30.00) for each transcript requested.
The express courier fee is an **additional** \$55.00 USD (€75.00). Unless otherwise indicated above, transcripts will be delivered by Standard Mail (included in fee). **Please allow 7-14 business days for processing when dates of attendance are after January 1, 2008. Transcripts prior to 2008, please allow 1-2 months.**

HOLD: NO / YES Amount: _____ Date Received: _____

Reason: _____

Bursar: _____ Date: _____

Registrar: _____ Date sent: _____



Payment:

Please be sure to properly calculate the total number of requested items below. Insert the TOTAL number of requested items in each box.

Express Courier fee \$55.00 USD | €75.00

Transcript (2009-present) \$10.00 USD | €20.00 each

Transcript (2008 or earlier) \$20.00 USD | €30.00 each

Duplicate Diploma \$150.00 USD | €160.00

MUST INCLUDE AUTHORIZATION CODE and SIGNATURE

Credit Card Payment Form

I HEARBY AUTHORIZE A CHARGE TO BE MADE TO MY CREDIT CARD:

(Check One)

VISA MASTERCARD/EUROCARD AMERICAN EXPRESS OTHER

AMOUNT: \$ _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD IDENTIFICATION NUMBER (Last 3 digits on back of credit card): _____

NAME (PRINT): _____

SIGNATURE: _____