



# Sanford-Brown

## ALUMNI ASSOCIATION

### TRANSCRIPT REQUEST FORM

Date: \_\_\_/\_\_\_/\_\_\_

Fee: First copy free. Each additional copy \$5.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name while attending school (If different from above): \_\_\_\_\_

Campus Attended: \_\_\_\_\_

*(The transcript request is to be mailed to the address listed at the bottom of this form for the campus attended.)*

Program of Study: \_\_\_\_\_

**NOTE:** To ensure that your transcript is sent to the organization or university of your choice, please provide the complete address below.

Name of Organization or University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Graduate Signature (Required): \_\_\_\_\_

Collinsville Campus  
1101 Eastport Plaza Drive  
Collinsville, IL 62234  
Phone: (618)344-5600  
Fax: (314)421-5256

Fenton Campus  
1345 Smizer Mill Road  
Fenton, MO 63026  
Phone: (636)651-1600  
Fax: (636)651-1733

Hazelwood Campus  
75 Village Square  
Hazelwood, MO 63042  
Phone: (314)687-2900  
Fax: (314)731-0550

St. Peters Campus  
100 Richmond Center Blvd.  
St. Peters, MO 63376  
Phone: (636)696-2300  
Fax: (636)696-2067