

## **OFFICE OF THE REGISTRAR**

Phone: 210-200-8217/8227

Fax: 210-224-9337

Email: classregistration@swschool.org

## TRANSCRIPT REQUEST

- All financial obligations to SSA must be met before a transcript can be released.
- Complete all sections. Return by mail, fax, or in person.
- Transcripts are processed and mailed within 3-5 business days after the written request has been received.
- Please print all information clearly and completely.

| Current Full Name  | Former Name (if applicable)             |
|--|---|
| Social Security Number   | Years of Attendance                     |
| Home Address   |   |
| Please send transcript:  ○ ASAP  |   |
| Transcript Processing Instructions:  I will pick up transcripts on: / AM - PM # of copies:   |   |
| <b>Mail my transcripts to:</b> please list a complete address where your transcripts are to be mailed. The Office of the Registrar is not responsible for incorrect or incomplete addresses which may result in your transcript being lost or undeliverable. |   |
|  |   |
|  |   |
|  |   |
|  | For Official Use Only                   |
| Student's Signature Date   | Date Received:  Date Mailed:  Initials: |