



OFFICE OF THE REGISTRAR

Student's Permission to Release Transcript

To: (Name and address, including zip)

Your Name:

Your Address:

And to:

Date of Request:

And to:

No charge to currently enrolled students or for your first copy of your final transcript. Subsequent copies cost \$5.00 each.

I am currently enrolled at SFTS.

And to:

If not, when did you attend SFTS?

Years: _____ to _____

Date of Graduation: _____

Degree program(s): _____

Signed: _____

Telephone request taken by¹: _____

¹ First copy only