



TRANSCRIPT REQUEST FORM

Directions: This form may be completed by using Adobe PDF Reader. Upon completion, you may print, sign, and send it by mail to the address listed on the bottom of the page. For any questions, call the SACI New York office at (212)248-7225 or email to: admissions@saci-florence.edu.

NAME: _____ Number of transcripts requesting: _____

TERM(S)/YEAR(S) attended SACI: _____ Fall Spring Late Spring Summer

SOCIAL SECURITY #: _____ Email: _____

DAYTIME PHONE #: _____ Deadline if applicable: _____

SIGNATURE*: _____ DATE: _____

URGENT shipping required (SEE BOX BELOW)

* Please be advised that we will not release your transcript without your original signature on this form.

SACI will not issue or release grades, transcripts, certificates or diplomas, or provide other documentation of attendance or completion for any student whose account has an academic hold or shows a balance due for current and/or previous terms.

There is a **\$10.00** charge for **each** transcript, payable by check, money order or credit card. If you wish to pay by credit card, please be sure to include your home address so that a receipt can be mailed to you.

If you were registered as a guest student through **Bowling Green State University**, please request your transcripts directly from BGSU: <http://www.bgsu.edu/offices/registrar/page5601.html>

TYPE OF CREDIT CARD: _____ YOUR BILLING ADDRESS: _____

CARD #: _____

SECURITY CODE (3-4 digits): _____

EXPIRATION DATE: _____

SIGN/APPROVE: _____

Print the address(es) to which the transcript(s) should be sent below. Add additional addresses on back or separate page. **Please allow at least two weeks for processing since transcripts are mailed from the Florence office** (unless urgent shipping requested). All transcripts will be sent in a signed, sealed envelope. **It is important that we receive a hard copy of this form with your original signature. We will not release transcripts without your original signature.** Please mail this form to the New York office (see below).

Number of transcripts to be sent to address below: _____ Number of transcripts to be sent to address below: _____

URGENT/ PHONE #: _____ URGENT/ PHONE #: _____
(required if Urgent Shipping box checked) *(required if Urgent Shipping box checked)*

Check here if additional addresses are included

URGENT SHIPPING: The cost is an *additional \$45 per destination*. Transcript(s) will be sent by courier; delivery within 2 days from shipment from Florence, Italy.

- Please include the receiver's phone number; it is required for delivery.
- PO boxes are **not** accepted; please indicate a valid street address.
- Signature required upon delivery at address provided.

Please submit this form to:
Studio Arts College International
25 Broadway, 9th Floor
New York, NY 10004
USA

For Office use only:
 Received: _____
 Payment: _____
 Transcript sent: _____

The SACI Registrar will email informing you when your transcripts are mailed. If you do not receive the email, please enquire about the status of your request.