



Program in Counseling

Where the Pieces Come Together



SMU

ANNETTE CALDWELL SIMMONS
SCHOOL OF EDUCATION
& HUMAN DEVELOPMENT

Request for Transcript

For your convenience, please forward this transcript to the registrar of your university or college of record.

Name of college / university: _____

Address: _____
Street and Number City State Zip

Registrar: I have made application for admission to Graduate School at Southern Methodist University and herewith request that you send an official transcript of my academic record at your institution to:

- **Via USPS:**
SMU Program in Counseling, 5228 Tennyson Parkway, Suite 234, Plano, TX 75024-3547
- **Electronically via *Scrip-Safe, National Student Clearinghouse (NSC), Avow Systems, or Docufide:***
counselingmaster@smu.edu

Registrar: If there is a charge for transcript service, please contact the undersigned.

Name: _____
Last First Middle Maiden

Home Address: _____
Street and Number City State Zip

Telephone _____
Day Evening

Email _____

Additional personal information to assist in locating my record:

Name under which registered: _____

U.S. Social Security # _____ - _____ - _____ Date of Birth ____ / ____ / _____

Dates In attendance: _____
Month Year -- Month Year

Signature

Date