

Seattle Film Institute - Transcript Request Form

Complete this form, including your signature, and mail to the address below or email it as attachment to registrar@sfi.edu.



Student's signature (required) _____ **Date** _____

1. Email a scan of the request to SFI registrar: registrar@sfi.edu
2. Or mail your request to the address located below.

Mail to: Seattle Film Institute Attn: Transcript Requests 3210 16 th Ave. W. Seattle, WA 98119	Date first attended SFI:	Month	Yr
	Date last attended SFI:	Month	Yr
	Mail Now	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hold for current Quarter grades	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hold for Degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student Information

First Name: _____ Last Name: _____

Former Name (if applicable): _____

Date of Birth: _____ Last Four Digits of Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Current Email Address: _____

Ordering Information

Send transcripts to:

Name of Person, Institution, Agency, or Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (if applicable): _____

Send transcript electronically via email to the address above instead of by mail.

Please allow 5-7 business days for processing.

If transcripts are to be sent to more than one address, please use additional forms.