



Request for Official Transcripts

Requesting Official transcripts from Santa Fe University is a two-step process. Your request will not be considered complete until both steps in the process have been completed. Please see the instructions below. If you have questions at any time, you may contact 1-877-762-9801 or registrar@santafeuniversity.edu and someone will assist you.

Instructions:

Step 1 – Transcript Payment

To submit payment for your transcript order, please go to <https://easypath.ecsi.net/81/793/Epay?pld=787> Please complete the online form, which includes a secure payment process. At the end of the transaction, you will receive a confirmation number. Please capture this confirmation number so that it can be included on the transcript request form. **Please note that we do not accept paper checks for payment.**

Step 2 – Transcript Request Form

Please complete the attached transcript request form. Please note that this form requires a physical signature and the payment confirmation number. Please return the form using one of the options listed below:

Mail:

Laureate Education
Attn: Registrar's Office
7065 Samuel Morse Drive
Columbia, MD 21046

Fax:

410-209-8044

Email:

registrar@santafeuniversity.edu

We look forward to receiving your request!



Request for Official Transcripts

Contact Information

Call: 1-877-762-9801

Email:

registrar@santafeuniversity.edu

Fax: 410-209-8044

Mail: Laureate Education, Attn:
Registrar's Office 7065 Samuel Morse
Drive Columbia, MD 21046

Instructions:

1. Please complete all required information on the form along with a physical signature
2. Allow 5-7 working days to process. This does not include mail time.
3. Official transcripts fees are subject to change and are as follows:
\$10.00 per copy
+\$5.00 Emergency (FedEx Delivery)
4. Transcripts will not be released until all financial obligations to the University are met.
5. Please no P.O. Box addresses for emergency processing

Student Information (please print):

*Student Name: _____ Name while attending: _____

*Student Address: _____
Street City State Zip

*Email Address: _____ *Daytime Phone: _____

*Last Four Social Security Number: _____ *Date of Birth (mm/dd/yyyy): _____
(* indicates required information)

Clearly print the name and complete mailing address (including Zip Code) for transcript delivery. Use boxes on next page for additional delivery addresses, if necessary. Please, no P.O. Box addresses for FedEx shipping.

Delivery Information:

Name: _____

Street: _____

City: _____ State _____ Zip/Province _____

Number of Copies to this address: _____ Standard Mail \$10 per copy _____ x \$10 = _____
FedEx Delivery \$5 per copy _____ + \$5 = _____

Total Charge = _____

Student Signature* (required): _____ Date: _____

***This form requires a physical signature**

Payment Confirmation Number* (required): _____

