OFFICE OF THE REGISTRAR
901 12th Avenue
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
email : registrar@seattleu.edu

SEATTLE UNIVERSITY

SPECIAL REQUEST FORM

Requests will be processed within 1-14 business days

Seattle U ID:_____ **Phone Number:**_____ **Email**:_____

Name While Attending SU: _____
Last **First** **Middle (if applicable)**

Student Signature: _____ **Date:** _____

Please select a request option:

- ☐ I need the attached form completed by the Registrar.
- ☐ I want my primary major (Major 1) to be _____, my second major (Major 2) to be _____, and my third major (Major 3) to be _____. **Third major is optional.*
  NOTE: *If you have not declared your additional majors, you must do so by filling out a Program Add/Drop/Change form.*
- ☐ I need a letter from the Registrar stating the following:

  _____
  _____
  _____
  _____

- ☐ **I need a document notarized for an apostille application**
  - ☐ Transcript ($7.50 fee per transcript)
    Please call Student Financial Services at 206-220-8020 to make payment.
  - ☐ Diploma (Please attach a clear scan of your diploma to this request.)
    If you no longer have your diploma, please also select the Duplicate Diploma option below.
- ☐ **I need a duplicate diploma. # of diplomas requested?** _____
  My name exactly as I would like it printed on the diploma: _____
  - ☐ Standard shipping
    $25 fee PER COPY required.
    - ☐ Domestic Address: 4-6 weeks until delivery
    - ☐ International Address: 4-8 weeks until delivery
  - ☐ Rush shipping:
    - ☐ Domestic Address: 2-3 business days until delivery and **$100 fee** PER COPY required
    - ☐ International Address: up to 2 weeks until delivery and **$200 fee** PER COPY required

    Please call Student Financial Services at 206-220-8020 to make a payment or your order will not be processed.

Please select a delivery option:

- ☐ **Pick up in-person**
- ☐ **Email (*diplomas CANNOT be emailed*):** _____
- ☐ **Fax:** _____
- ☐ **Mail:** Address Line 1: _____
  Address Line 2: _____
  Address Line 3: _____
  City: _____ State: _____ Zip Code _____
  Country: _____