



**Sigma Nu Fraternity Merit Awards Program**  
**Transcript Request Form**

**\*\*This form is required for Scholar of the Year applications ONLY\*\***

*This material will be held in confidence. Official transcripts may be mailed as part of the applicant's materials in a signed, sealed envelope, or sent separately by the institution.*

**To the Transcript Officer:**

\_\_\_\_\_ is applying for a Sigma Nu Merit Award.  
**(Name of Applicant)**

Please provide the information requested below. This form and official transcript should be sent to Sigma Nu Fraternity, Inc. in one of the following ways:

1. Provide to requestor to submit directly to Sigma Nu;
2. Email to [headquarters@sigmanu.org](mailto:headquarters@sigmanu.org);
3. Fax to the attention of Sigma Nu Awards Program at (540) 463-1669; or,
4. Mail hard copy to:

Sigma Nu Awards Program  
9 N. Lewis Street  
P.O. Box 1869  
Lexington, VA 24450

**Requested information:**

1. A copy of the applicant's complete academic record (**transcript**) at your institution.
2. **Grade Point Average** and **approximate standing in class** (if provided by policy):

\_\_\_\_\_

3. **Scholastic Aptitude Test scores** and other pertinent test scores (if available and not included in transcript):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**(Signature of appropriate officer)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Name of Institution)**