

**SETON HALL UNIVERSITY**  
**Office of the Registrar**  
**ENGLISH TRANSLATION REQUEST FORM**

**Name:** \_\_\_\_\_  
(First, middle, last)

**SHU ID:** \_\_\_\_\_

**Degree/Major:** \_\_\_\_\_

**Date of Degree:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Delivery Method:** ☐ Hold for pick-up

☐ Mail to:

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

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the form via email to registrar@shu.edu or mail to:  
Office of the Registrar  
Attn: English Translation  
Seton Hall University  
400 South Orange Avenue  
South Orange, NJ 07079