

TRANSCRIPT REQUEST FORM

- Please COMPLETE THE ENTIRE FORM - be sure to sign at the bottom so your request can be processed.
- Processing will take a maximum of three (3) business days after receipt of the request.
- A transcript will not be issued for any student with a financial obligation to the University.

Student ID# or SSN#: _____

Name: _____ Email Address: _____
Last First Middle Current students: Use your GU email address

Current Address: _____ Contact Phone _____
Street City, State, Zip

1. Please Complete The Following Information:

- a. Date of Birth: _____
- b. Approximate Dates of Attendance: From Month/Year _____ To Month/Year _____
- c. Former Name(s): _____

2. ✓ Check All That Apply:

- Send After Semester Grades Are Posted (check one): Fall Spring Summer I Summer II Full Summer
- Send After Degree Is Posted
- Hold After Grade Change Is Complete For (Specify Course): _____
- Hold For Pick Up By STUDENT - (MUST SHOW YOUR PHOTO ID)
- Hold For Pick Up By ANOTHER PERSON - (MUST SHOW THEIR PHOTO ID) NAME: _____
First Last
- Send Now

3. Type of Transcript Needed:

STUDY LEVEL

- All Levels
- Specify Level(s): _____
i.e. Undergraduate, Post Bac, Graduate, Post Postgrad, Doc

OFFICIAL _____
Number of Copies

- Standard. \$5.00 per copy.
- Rush. \$10.00 per copy.
 Printed as requested.
- Expedite Mailing. Extra fees apply.
 Details in Registrar's Office.

UNOFFICIAL _____
Number of Copies

NOTE: Current students can obtain unofficial transcripts on Zagweb.
 Fax Number: _____

4. Mailing Information:

Name

Address

Address Line 2

City, State, Zip

Commonly Used Addresses:

- Use Above (Current) Home Address
- MSC Box _____
- American Medical College Application Service (AMCAS)
- Law School Admission Council (LSAC)
- Physical Therapist Centralized Application Service (PTCAS)

International: _____
COUNTRY POSTAL CODE

Signature _____ Date _____

REGISTRAR'S OFFICE USE ONLY

Holds: _____ Microfiche

Send Date _____ Initials: _____