



Transcript Request Form

Name: _____ Address: _____ _____	Student G#: _____ Date of Birth: _____ Former Name (if applicable): _____
Telephone #: _____	Currently enrolled? <input type="checkbox"/> Yes If NO, year of last enrollment: _____
Number of Copies: _____	<input type="checkbox"/> Send Transcript As Is
Send Transcript(s) to:	<input type="checkbox"/> Hold for posting of current semester grades
Recipient Name: _____	<input type="checkbox"/> Hold for graduation verification
Address: _____	<input type="checkbox"/> Other: _____
City, State ZIP: _____	For Office Use Only:
	_____ Date Requested _____ Initials
	_____ Date Sent _____ Initials
Student Signature: _____ Date: _____	
<p>We do not accept font written (typed) or electronic signatures. Please hand sign the form.</p> <p>Completed forms may be returned to the Student Assistance Center in Allendale (150 Student Services) or the Grand Rapids Pew Campus (115C DeVos) in person, by fax to (616) 331-2000, by email to transcripts@gvsu.edu, or by mail to the Registrar's Office, 150 Student Services, Allendale, MI 49401.</p>	