

**GRAND VALLEY
STATE UNIVERSITY**

TRANSCRIPT REQUEST

YOUR NAME AND ADDRESS:

NAME _____

ADDRESS _____

NUMBER OF COPIES _____

TELEPHONE # _____

SEND TO:

NAME _____

ADDRESS _____

Student Number _____ Date of Birth _____

Former Name (If applicable)

Currently enrolled? ____ YES.
If NO, year of last enrollment _____

__ SEND TRANSCRIPT AS IS

__ HOLD FOR CURRENT SEMESTER GRADES

__ HOLD FOR GRADUATION VERIFICATION

__ OTHER _____

SIGNATURE _____

FOR OFFICE USE ONLY

_____ Date Requested _____ Initials

_____ Date Sent _____ Initials

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