



Transcript Request Form

Name: _____	Student G#: _____
Address: _____ _____	Date of Birth: _____
Telephone #: _____	Former Name (if applicable): _____
Number of Copies: _____	Currently enrolled? <input type="checkbox"/> Yes
Send Transcript(s) to:	If NO, year of last enrollment: _____
Recipient Name: _____	<input type="checkbox"/> Send Transcript As Is
Address: _____	<input type="checkbox"/> Hold for posting of current semester grades
City, State ZIP: _____	<input type="checkbox"/> Hold for graduation verification
	<input type="checkbox"/> Other: _____
	<i>For Office Use Only:</i>
	_____ Date Requested _____ Initials
	_____ Date Sent _____ Initials
Student Signature: _____ Date: _____	
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.	