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GOUCHER | college  
**Official Transcript Request**  
Office of the Registrar

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Signed and scanned forms are accepted by email at registrar@goucher.edu

Students/Alumni receive up to 10 free transcripts per academic year, June 1 to May 31. Additional copies are \$5.00 each

Allow 3-5 business days for processing. Mailing time is additional. At the beginning and end of a semester, allow two weeks between the request and mailing. At the end of a semester transcripts will be issued after grades are posted. **Outgoing official transcripts can not be faxed.**

**COLLEGE REGULATIONS DO NOT PERMIT THE ISSUING OF TRANSCRIPTS FOR ANY STUDENT WITH AN OUTSTANDING DEBT TO THE COLLEGE.**

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Birthdate: \_\_\_\_\_ Goucher ID (if known): \_\_\_\_\_

Current Student: \_\_\_ Not Current Student: \_\_\_ Last attended: \_\_\_\_\_

Undergraduate: \_\_\_ Graduate: \_\_\_ Both: \_\_\_

Name while attending Goucher College (if changed): \_\_\_\_\_

Degree Rec'd (degree/date) if applicable: \_\_\_\_\_

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Name: \_\_\_\_\_  
Last (print) First Middle

Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

*(Please provide a phone number in case of questions.)*

Please update my permanent address with the address above.

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Student will pick up: \_\_\_\_\_ (Student will be required to present identification)

**Or**

Mail Transcript to: \_\_\_\_\_

Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total # of copies: \_\_\_\_\_ Official  Unofficial   **RUSH** (24 hour processing time - \$10/ea. Transcript sent by regular mail.)

Please hold this request until:

Current semester grades have been posted: \_\_\_\_\_ Until degree is posted: \_\_\_\_\_

Until removal of incomplete grade: \_\_\_\_\_ Until certification stamp is posted: \_\_\_\_\_

**I hereby authorize Goucher College to release my academic transcript.**

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Educational Rights and Privacy Act requires an original signature of the student. Requests without a signature will not be processed.**

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Return completed request in person, by mail or fax:  
Fax # 410-337-6504

Office of the Registrar  
Student Administrative Services  
Goucher College  
1021 Dulaney Valley Road  
Baltimore, MD 21204

For Office Use Only

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_

# Sent: \_\_\_\_\_