GOUCHER | college

Official Transcript Request

Office of Records and Registration

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

Students/Alumni receive up to 10 free transcripts per fiscal year, July 1 to June 30. Additional copies are $5.00 each

Allow 3-5 business days for processing during the semester. 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 transcripts may <u>not</u> be faxed.

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

SSN#: _____ 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: _____

Name:_____
Last (print) First Middle
Address:_____

_____

City: _____ State: _____ Zip:_____

Day Phone No._____ Cell Phone No._____ Email Address:_____

I hereby authorize Goucher College to release my academic transcript.

Student will pick up: _____ (Student will be required to present identification)
<u>Or</u>
Mail Transcript to: _____

Address: _____

_____

City: _____ State: _____ Zip:_____

Total # of copies: _____ Official ☐ Unofficial ☐

This request is for Possible Transfer: _____ Other: _____

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: ____

Student's signature: _____ **Date:** _____

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

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

Office of Records and Registration
Student Administrative Services
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204

<u>For Office Use Only</u>

Date Processed: _____

Initials: _____

Sent: ____