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GOUCHER | college  
**Transcript Request Form**

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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. At the end of a semester transcripts will be issued after grades are posted. Mailing time is additional. At the beginning and end of the semester, allow two weeks between the request and mailing. **Outgoing official transcripts cannot be faxed or emailed.**

**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 (if changed); \_\_\_\_\_  
(Include former name in signature below.)

Degree Received (degree/date) if applicable: \_\_\_\_\_

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

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

Day Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ 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 by email:  To: \_\_\_\_\_

**RUSH - \$10/ea – within one business day during normal office hours M-F 8:45am-5:00pm** The RUSH fee applies to official and unofficial, mailed, faxed and emailed transcripts. If mailed is requested, mailing delivery time is additional.  Priority Mail – go to usps.com to obtain a priority mail envelope label. Email a pdf of the label to registrar@goucher.edu.

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 require 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, fax or scan  
**Office of the Registrar**  
**Goucher College**  
**1021 Dulaney Valley Road**  
**Baltimore, MD 21204**  
**Fax # 410-337-3111**  
**registrar@goucher.edu**

<u>For Office Use Only</u>
Date Processed: _____
Initials: _____
# Sent: _____