



Transcript Request Form

Student Full Legal Name (Please Print)						Preferred Phone Number		
First Name		Middle Initial		Last Name		()		
Germannna Student ID Number						Term (Please Circle)		Year
						Fall	Spring	Summer

The social security number and birth date may be provided in place of the Germanna Student ID Number: _____

PLEASE CHECK:

- Mail transcript immediately
- Will pick up transcript
- Hold for grades: Fall Summer Spring
- Hold for grade change: Course Number _____
- Hold for graduation: Fall Summer Spring

Currently Enrolled? Yes No

If you checked no, please include term and year you attended _____

- Unofficial Transcript
Number of copies _____
- Official Transcript
Number of copies _____

MAIL TRANSCRIPT TO:

(Please Print):

① _____

② _____

PLEASE NOTE: Transcripts will only be released with the student's signature and if the student has no outstanding financial obligation to the college.

Student Signature: _____

We will respond to your request as soon as possible but please allow up to 10 business days for processing.

FOR OFFICE USE ONLY:	
Processed by: _____	Date Sent: _____

Locust Grove Area Campus
Phone 540-423-9122 Fax 540-423-9158

Fredericksburg Area Campus
Phone 540-891-3020 Fax 540-891-3092