

Telephone: (202) 314-3412 · Fax: (202) 479-2501 Graduate School USA· Office of the Registrar 600 Maryland Avenue SW Washington, DC 20024

GRADUATE SCHOOL USA TRANSCRIPT REQUEST FORM

Student Information (Please print in ink legibly and complete both pages.)

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Last							
ID# or SSN#	# or SSN# Date of Birth						
Other names/Maiden Name	ne Daytime Phone #						
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Disclaimer:

- \cdot If you have a financial hold prohibiting the release of your transcript, you must remove the hold before your transcript will be issued.
- · Please allow 3-5 business days for processing. Allow 1 week to receive your transcripts by standard mail.
- \cdot A letter releasing your transcripts to a friend or relative must accompany this form if they are picking it up or mailing your transcript for you. The letter must be signed and dated by you and include the name of the person picking up the transcript.

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