



Transcript Request Form

ID #: _____

Last Name: _____ First Name: _____ MI: _____

Name Changes: _____

Full Current Address:

SSN: _____ DOB: _____

Dates of Attendance:
 First Enrolled: _____ Last Enrolled: _____

Day Contact Info:
 Day TEL #: _____ FAX #: _____

Direct Email Address: _____

TRANSCRIPT MAILING INFORMATION			
<input type="checkbox"/> Mail / Fax / Pick Up <input type="checkbox"/> Hold for Grade / Degree	<input type="checkbox"/> Mail / Fax / Pick Up <input type="checkbox"/> Hold for Grade / Degree	<input type="checkbox"/> Mail / Fax / Pick Up <input type="checkbox"/> Hold for Grade / Degree	<input type="checkbox"/> Mail / Fax / Pick Up <input type="checkbox"/> Hold for Grade / Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization for release of transcripts:
 Signature _____ Date _____
We must have the signature of the student

MAILING/PROCESSING INSTRUCTIONS:

1. Print out this transcript form
2. Fill out all information sections in form
3. Sign this form
4. Enclose a check or money order & mail together with your request to:

REGISTRAR'S OFFICE
 GALLAUDET UNIVERSITY
 800 FLORIDA AVENUE N.E.
 WASHINGTON, D.C. 20002-3695

TRANSCRIPT FAXING INSTRUCTIONS:

1. Print out this transcript form
2. Fill out all information sections in form
3. Sign this form
4. Fax this from to:

REGISTRAR'S OFFICE
 FAX #: (202) 651-5182

NOTE VISA and/or MC are accepted

(FEDEX FEE - US - Add - \$25 Each Address ** FEDEX FEE - International - Add - \$35 Each Address)
 RUSH FEE Add - \$15 (Must request before 12Noon EST)

TRANSCRIPT COSTS

PAYMENT

Undergraduate Graduate Other

_____ OFFICIAL COPIES x \$10. ea. _____

_____ UNOFFICIAL COPIES x \$2. ea. _____

_____ Add RUSH FEE, If needed _____

_____ FAXED COPIES x \$15 ea. _____

_____ Add FEDEX FEE, If needed _____

_____ TOTAL _____

Check # / Money Order # _____

Master # _____

VISA # _____

Expiration Date _____

Name on Card _____