

TRANSCRIPT REQUEST

(Please allow 24 – 48 hours for processing.)

Name: _____ ID# or Birthdate: _____

Address: _____ Phone: _____
 _____ Cell: _____
 _____ E-mail: _____

I authorize the release of my transcript to the recipient(s) indicated below. I understand that my transcript will not be released if I have an outstanding debt to the College. My signature authorizes the release of all personal and academic information posted on the transcript.

Signature: _____ Date: _____

Send Transcript To:

- 1) _____

- 2) _____

- 3) _____

Type of Transcript Requested:

- Official Copy
- Student Copy

Please Check One:

- Mail Now
- To Be Picked Up _____
- Hold for Final Grades

FOR OFFICE USE ONLY:

Stop Codes: [] No [] Yes _____ Date Processed/By: _____

Fax to: (301) 387-3038 Attn: Records & Registration

Scan & Email to: transcripts@garrettcollege.edu

Mail to: Office of Records & Registration, Garrett College, 687 Mosser Rd., McHenry, MD 21541

Questions: transcripts@garrettcollege.edu or 301-387-3153