

# Transcript Request

## Georgetown University Office of the Registrar

(For further information, please consult our request guidelines on <http://www.georgetown.edu/registrar/alumstudent/transcript.html>)

Please Print:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Present E-Mail Address: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Check division(s) of University you attended:

<input type="checkbox"/> Graduate	Georgetown
<input type="checkbox"/> Undergraduate	Degree(s) _____
<input type="checkbox"/> Summer only: (years) _____	Date Awarded _____
<input type="checkbox"/> 1 <sup>st</sup> Session _____	Are you currently enrolled at Georgetown?
<input type="checkbox"/> 2 <sup>nd</sup> Session _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Cross-Session _____	Which school? _____
<input type="checkbox"/> Non-Credit Program	

SEND TRANSCRIPT(S) TO (Print Clearly):


Please list additional recipients and their complete addresses on a separate sheet and send with this completed form to the below-listed address.

### **SPECIAL INSTRUCTIONS**

Send immediately. Deadline \_\_\_\_\_

Hold for posting of degree. Month \_\_\_\_\_

Number of copies requested \_\_\_\_\_

Hold for posting of current semester's grades \_\_\_\_\_

Hold for grade change for course \_\_\_\_\_

Please mail your request to:

University Registrar  
Georgetown University  
37<sup>th</sup> and O Streets NW  
Washington, DC 20057-1000 or fax your request to 202.687.3608

**NOTE:** No transcript will be furnished to a student or alumnus whose financial obligations to the university have not been satisfied. Please contact Georgetown University Student Accounts to resolve financial obligations.

Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

TO BE COMPLETED BY REGISTRAR:

Request filled by \_\_\_\_\_ Date \_\_\_\_\_