

Instructions: Please type/check the appropriate response in the space provided. After the form is complete, please print and sign the form and Mail to: Registrar's Office, 403 Main Street, Box 4271, Grambling, LA 71245, Fax to (318) 274-2777 or email request to rushingey@gram.edu. Please allow 1 to 3 working days for processing. For questions or comments please call (318) 274-2612.

GRAMBLING STATE UNIVERSITY REGISTRAR'S OFFICE

Official Transcript Request Form

(No fee required for transcripts-Maximum of Two Transcripts per request)

Send Immediately Send After Final Grades are Posted Place in sealed envelope Forward electronic copy

F O R W A R D T O	_____	Requestor will: (please check only (1) box) <input type="checkbox"/> Pick up from 10-11:30 a.m. <input type="checkbox"/> Pick up from 3:30-5 p.m. Please show picture ID.

*****STUDENT INFORMATION*****

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">First</td> <td style="border-bottom: 1px solid black;">M.</td> <td style="border-bottom: 1px solid black;">Maiden</td> <td style="border-bottom: 1px solid black;">Last</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black;">Current Mailing Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td colspan="2" style="border-bottom: 1px solid black;">ZIP</td> </tr> <tr> <td style="border-bottom: 1px solid black;">() -</td> <td colspan="3" style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Telephone Number</td> <td colspan="3" style="border-bottom: 1px solid black;">Email Address</td> </tr> </table>	First	M.	Maiden	Last	Current Mailing Address				City	State	ZIP		() -				Telephone Number	Email Address			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Student ID Number (Gxxxxxxx)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date of Request</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Number of transcripts requested</td> </tr> </table>	Student ID Number (Gxxxxxxx)	Date of Birth	Date of Request	Number of transcripts requested
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Did you graduate? Yes _____ No _____ Date of Graduation

Are you currently enrolled: If not, indicate last attendance date:

Student Signature: _____

OFFICE USE ONLY
Date mailed: _____ Staff Initials: _____
If denied, Reason: <input type="checkbox"/> Incomplete Credentials (Graduate Studies) - (318) 274-2158 <input type="checkbox"/> Incomplete Credentials (Undergraduate) - (318) 274-6423 <input type="checkbox"/> Financial Hold- Contact Student Accounts – (318) 274-2662 <input type="checkbox"/> Special Hold- _____