INSTRUCTIONS:

eScrip-Safe.

- Fill out request form for **each** university or college enrolled.
 Mail request to university or college previously attended or presently attending.

REQUEST FOR COLLEGE TRANSCRIPT

TC	D: Registrar's Offic	е			
Ins	stitution				
Ma	ailing Address				
Cit	tv	State		Zip Code	
	•	y official transcript of aca		•	to:
		Grambling State Office of Admissions 403 Main Street – F Grambling, L	s & Recruitment P.O. Box 4200		
I attended	your institution from		to		
					Sincerely,
					Signature
PLEASE F	PRINT				
		TT.	O STUDENT REQ	HESTING TI	RANSCRIPT:
ame					ment of a fee before
ıme		is	suing the transcrip	t. You may	conserve time by
udent's Social Security Number			 including your payment with this request. You should indicate your name, as it was when you attended the institution, for reference purposes. A large number of institutions accept only transcripts mailed directly to 		
		lin	istitutions accept o	nly transcrint	
ate of Birth			nem from the Regis		
	ng Address	th		strar's Office.	that it is issued to
urrent Mailir	ng Address State	th	nem from the Regis	strar's Office.	that it is issued to
Date of Birth Current Mailir City		th N	nem from the Regis	strar's Office.	that it is issued to

Grambling State University is an **eScrip-Safe** receiver institution. Please send my transcript using