

# Transcript Request Form

North Greenville University

Name \_\_\_\_\_

Student Identification Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Last Attendance (if currently enrolled leave blank) \_\_\_\_\_

Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

I request a copy of my academic transcript be sent to the following address:

\_\_\_\_\_ Institution/Organization Name

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip Code

Please send a copy of my transcript \_\_\_\_\_ Now \_\_\_\_\_ End of Term

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

### Transcript Policy

1. No transcript will be furnished for any current or former student whose financial obligations to the university have not been satisfied.
2. One free transcript will be provided for each semester of enrollment up to a maximum of two. **Additional copies will be \$5.00 each.**
3. Official transcripts are sent to educational, commercial and governmental institutions. Unofficial transcripts will not be signed nor will they bear the official seal.

The Family Educational Rights and Privacy Act of 1974 (as amended) prohibits the release of this information without the student's written consent.

OFFICE USE ONLY:  
LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
M.I. \_\_\_\_\_