

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 Email Address:** _____

Present Mailing Address: _____

_____ **Daytime Phone:** _____

.....
Check division(s) of University you attended:

___ Graduate

___ Undergraduate

___ Summer only: (years) _____

___ 1st session _____

___ 2nd session _____

___ Cross-Session _____

___ Non-Credit Program

Degree(s) _____

Date Awarded _____

Are you currently enrolled at Georgetown?

(circle one) yes no

Which school? _____

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, 37th 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 _____