

OFFICIAL TRANSCRIPT REQUEST FORM

Please read the following carefully before proceeding.

Your account must be cleared of all holds before your request can be processed. Please check your holds online by logging in to the GWeb Information System: <http://banweb.gwu.edu>.

Only complete transcripts will be provided. The university does not issue partial records.

Fees for transcripts by mail or expedited carrier are the same for official and unofficial transcripts.

*The Official Transcript Request Form contains interactive material. The fields on the form can be completed by typing in the spaces provided. You must provide information for all **required** fields.*

Failure to complete any one of the fields below may delay or prevent your request from being processed:

- Current Full Name and Former Name (if applicable)
- Approximate Dates of Attendance
- Signature
- GWid (strongly encouraged)*
- Date of Birth
- Daytime Phone Number
- Address to which your transcript(s) are to be mailed

Your transcript request may also be delayed due to a hold on your student record, lack of academic history, or failure to include payment with your request.

Before completing your request, please read through the transcript ordering information on our website at <http://registrar.gwu.edu/transcripts>.

Due to increasing privacy concerns, the option to exclude your Social Security number (SSN) from the printed transcript has been made available. This option is only available to current students and alumni with complete records from Fall 1982 to present.

Please note: Electing to exclude the SSN may create delays in matching your transcript to an existing record by the recipient, particularly if you have had a name change since attendance at GW.

Please note that due to the volume of transcript requests that we receive, and our dedication to the timely processing of those requests, we do not automatically confirm receipt of your request or its completion.

*The George Washington University has replaced the use of individual Social Security numbers for students who attended the university from Fall 1982 to the present. Students who attended the university prior to this time may still use their SSN for their student number on the paper request form. SSNs cannot be used for online requests. For more information or for instructions on how to retrieve your GWid, please visit the GWid website at <http://gwid.gwu.edu>.

Submission Instructions

Transcript request forms can be submitted in any of the following ways:

- In person at Colonial Central in the Marvin Center at 800 21st Street, NW
- By mail to Office of the Registrar, 44983 Knoll Square, Enterprise Hall, Suite 390, Ashburn, VA 20147
- By fax to **(202) 994-0282**

THE GEORGE
WASHINGTON
UNIVERSITY

WASHINGTON, DC

Office of the Registrar

Colonial Central
Marvin Center
Ground Floor

Phone:
(202) 994-4900

Fax:
(202) 994-0282

To best protect your financial information and support compliance with the Payment Card Industry Data Security Standard, credit card information should never be e-mailed. It may be faxed or mailed to our office, or submitted in person.

OFFICIAL TRANSCRIPT REQUEST FORM

Student Information:

Current Full Name (required)

Former Name (if applicable)

Student ID Number or GWid (encouraged)
Note: This is not the number on your GWorld card.

Date of Birth (required)

Daytime Phone Number (required)

Approximate Dates of Attendance (required)

School Attended

Degree Awarded (if applicable)

Email Address

Service Options and Fees (with Destination Charges)*:

Select only one service per form.

- Regular Service (\$5 fee per Transcript) *Processed within five business days of receipt, and then mailed first-class USPS mail.*
- In Office Pick-Up Service (\$10 fee per Transcript) *Picked up in the Office of the Registrar on the same business day (form must be submitted in person).*
- National Expedited Service (\$10 fee per Transcript + \$15 charge per Destination) *Processed within one business day of receipt, and then mailed by express carrier next day air. Please allow an additional two to three business days for P.O. Box addresses. Note: Next Day service is not available in all locations. In areas where this service is unavailable, Second Day service will be used.*
- International Expedited Service (\$10 fee per Transcript + \$35 charge per Destination) *Same processing as National Expedited service. Please provide contact name and phone number in address space below, if available, and allow up to 10 business days for delivery.*

Total Number of Transcripts Requested: _____ * Rates are subject to change

Address for Transcript Delivery (required):

Use the space to the right to indicate the mailing address where the transcript(s) should be sent. This address will appear on the outside of the transcript envelope.

Note: You must use separate forms if you wish to send transcripts to more than one location.

Special Instructions:

- Do Not Display Social Security Number (only for complete records Fall 1982-present)
- Hold for Current Semester Grades
- Unofficial Transcript (only mailed to the student)
- Other: _____
- Hold for Degree Entry

Note: If you require any additional documentation to be sent out with your transcript, please be sure to include these items with your Transcript Request Form.

Calculate Cost:

Total Cost of Transcript(s): _____ + Destination Charge: _____ = Total Cost: _____
(Number of Transcripts x Service Fee) (if applicable)

Payment Method:

- Check or Money Order payable to: The George Washington University
- Credit Card

Signature and Date:

Signature (required for release of records)

Date

INTERNAL OFFICE USE ONLY:

Received by

Date received

Payment received

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CREDIT CARD PAYMENT FORM

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- By fax to (202) 994-0282

Use this form for Office of the Registrar transactions only (not for tuition payments or other university charges).

Student's Name

GWid or Student ID

Cardholder's Name

Cardholder's Phone

Cardholder's Email

I authorize the George Washington University to charge (amount in U.S. dollars) \$ _____
to the following credit card account:

Signature (required)

Date

Type of Card (check one): MasterCard VISA

Credit Card Billing Address: _____
Address

Address

City

State

Zip

Expiration Date (MM/YYYY): _____

Credit Card Number: _____ - _____ - _____ - _____

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