



# TRANSCRIPT REQUEST FORM

An official transcript will be issued by the Registrar's office only following receipt of a signed, written request from the student or alumnus for whom it will be sent. Official transcripts will be forwarded by mail to the appropriate institution(s) or may be picked up in a sealed envelope. The following fee applies:

Transcript fee .....\$10 per mailing address

Transcripts will not be issued for any student who has an outstanding account at Grace University.\*

\* If you have a balance on your student account, please contact the business office by phone at 402.449.2822.

Student's Name: \_\_\_\_\_  
First Middle Maiden Last

Any former name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Last term registered: \_\_\_\_\_ Year \_\_\_\_\_

**Degree received:**

- Associates Degree (AA or AB)                       Bachelors Degree (BA or BS)                       No degree granted
- Masters Degree (MA)                                       Certification

Attention: \_\_\_\_\_

Transcripts to be picked up or mailed to student ("Issued to Student").

Mail transcript now.

Mail transcript after posting this term's grades.

Mail transcript after posting degree.

Special instructions \_\_\_\_\_

\_\_\_\_ Number of copies

Name and address to which transcript should be sent.  
Please include zip code. **Please print.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If transcripts are to be sent to more than one address, please use one form for each address.

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

Social Security Number \_\_\_\_\_

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

You may submit this signed form via mail, electronic mail or by fax.  
Return completed form to:

**Grace University**  
**Office of the Registrar**  
**1311 South 9<sup>th</sup> Street**  
**Omaha, NE 68108**

**Scan & Email:**  
**Registrar@graceu.edu**  
**Fax: 402.449.2921**

<b>Credit Card Information</b>			
<i>Only necessary if payment is made by credit card.</i>			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard		
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express		
Name on card (please print) _____			
Credit Card Number			____ / ____ Expiration Date
Cardholder's Signature _____			

<b>For Office Use Only</b>			
Date processed: _____ In person    Email    Fax    USPS			
Initial: _____			
Paid \$ _____ Credit    Check    Cash			
Date: _____ Received by: _____			