TRANSCRIPT REQUEST FORM

An official transcript will be issued by the Registrar’s office only following a signed written request from the student or alumnus for whom it will be sent, or by request by the student or alumnus online. If using this form, official transcripts will be forwarded by mail to the appropriate institution(s) or may be picked up in a sealed envelope. Requests held longer than 10 business days due to holds or non-payment will not be honored. The following fee applies:

Transcript fee $5 per copy (Cash or check only with this form. If you would like to pay with a credit or debit card, please order online via the link above)

Transcripts will not be issued for any student who has an outstanding account at Grace University. For financial questions, please contact the business office at 402.449.2822.

Student’s Name: ________________________________  ________________________________  ________________________________  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 or MS)    ☐ Certification

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

Please include zip code. Please print.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Student’s Signature ________________________________  Date of request ________________________________
Social Security Number ________________________________  Phone Number ________________________________

You may submit this signed form via mail, electronic mail or by fax. Return completed form to:
Grace University
Scan & Email: registrar@graceu.edu
Office of the Registrar
Fax: 402.449.2999
1311 South 9th Street
Omaha, NE 68108

For Office Use Only

Date processed: _________  In person  Email  Fax  USPS
Initial: _______________

Date: _________  Amt: _______  Received by: _______  Cash  Ck

Rev 11/01/14