

## Grand View University Transcript Request

Full Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Soc.Sec. # or Grand View ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street

Last Term Enrolled: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

Daytime Phone and Type (cell, work, home): \_\_\_\_\_

E-mail Address (will be used for questions and confirmation): \_\_\_\_\_

Current Grand View student? \_\_\_\_\_ If yes, release transcripts (Circle one): ASAP / After Grades / After Degree / Final Transcript

**Please include the full address(es) where we should mail your Grand View transcript:**

\_\_\_\_\_  
Company / Institution Name

\_\_\_\_\_  
Company / Institution Name

\_\_\_\_\_  
Person and / or Department

\_\_\_\_\_  
Person and / or Department

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

Number of Copies: \_\_\_\_\_ Purpose: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Payment MUST be included with the request.** The student is responsible for any additional costs for special requests. Please anticipate a 3-5 day processing time for all transcript requests (including priority service), though times may be longer during peak periods. That does not include postal service delivery time and processing by the other institution/organization.

Signature for Release: \_\_\_\_\_ Date: \_\_\_\_\_

	<u>Cost</u>	<u># of Transcripts</u>	<u>Total Cost</u>
Transcript Fee:	\$10	x	_____
Priority Service Fee:	\$2	x	_____
Fax Fee**:	\$2	x	_____
Special Requests: (International Postage, Overnight delivery, etc. Please indicate in this space.)	_____	x	_____
<b>Total:</b>			_____

\*\* Some institutions do not consider a fax as an official transcript. Grand View does not guarantee the quality of faxed transcripts.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature Code: \_\_\_\_\_

Signature for Payment: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to Grand View University. **Please Submit Form With Payment To:** Grand View University, Attn: Registrar's Office- Transcripts, 1200 Grandview Ave., Des Moines, IA 50316, Fax: 515-263-6193

OFFICE USE ONLY BELOW THIS LINE

Date mailed: \_\_\_\_\_ Holds: \_\_\_\_\_  
 Processed by: \_\_\_\_\_ Paid \$: \_\_\_\_\_  
 If attended prior to 2000, verified against hard copy?