

## Request for Official Transcripts to be sent to Grand View University

STUDENT: Please complete this form and send to each school you have attended.

**TRANSFER STUDENTS:** In addition to requesting official college transcripts from all colleges or universities previously attended, if you have completed fewer than 24 semester hours of college coursework before applying to Grand View, request an official high school transcript and official ACT or SAT scores. Duplicate this form as necessary. Please call the Admissions Office with any questions at 515-263-2810 or 800-444-6083, ext. 2810.

Student Informa	ation				
Student name					
L	ast	First		Middle	Former names
Date of birth			Last 4 digits of	Social Security N	umber
Current address					
	Number and street				
	City			State	Zip
Phone (	)	Email			
Year of most rece	ent enrollment				
School Informat	tion				
Name of school_					
Current address					
	Number and street				
	City			State	Zip
Current student?	🗅 Yes 🕒 No	If yes, release transcripts (selec	ct one): 🕒 ASAP	□ After grades	After degree
Transcript Fees					
E Fee enclosed:	🗅 Check 🗅 C	ash			
Please charge	my: 🗅 MasterC	ard 🗅 VISA 🗅 Discover 🗅 A	merican Express		
Card number			CVV*		Expiration date
			*Located on the back of your card in the signature panel.		
Student signature			Date		

Please send official transcripts to: Grand View University; Attn: Admissions Office, 1200 Grandview Avenue, Des Moines, Iowa 50316 Admissions phone: 515-263-2810 or 800-444-6083, ext 2810