

TRANSCRIPT REQUEST FORM

To obtain a copy of your student transcript, please send the completed form below to:

Transcripts
Office of the Registrar
Bryn Mawr College
101 North Merion Ave.
Bryn Mawr, PA 19010-2899

TRANSCRIPTS MAY BE WITHHELD IF OVERDUE OBLIGATIONS TO THE COLLEGE HAVE NOT BEEN SATISFIED.

PLEASE PRINT CLEARLY

SOCIAL SECURITY OR STUDENT ID NUMBER: _____	BIRTHDATE: _____
LAST NAME: _____	FIRST NAME: _____
MAIDEN/PREVIOUS NAME: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
DAYTIME TELEPHONE NUMBER: _____	EMAIL : _____

ENROLLMENT INFORMATION: Please fill in the information below.

____ CURRENTLY ENROLLED ____ NOT CURRENTLY ENROLLED
(If not currently enrolled, please indicate your last semester of attendance: _____)

____ UNDERGRADUATE ____ GRADUATE Arts and Sciences ____ GRADUATE Social Work OTHER: _____

____ Send after _____ semester grades are posted ____ Send immediately
(term)

____ Pick up (allow 2 working days once we receive your request)

____ Hold for the following correction: _____

STUDENT'S SIGNATURE REQUIRED

TODAY'S DATE

In keeping with the Family Rights and Privacy Act of 1974, a student's signature is required for release of a transcript.

COMPLETE A SEPARATE REQUEST FORM FOR **EACH RECIPIENT** OF A TRANSCRIPT

Please mail ____ transcript (s) to:

Transcripts will be sent by U. S. Postal Service.

Student Name: _____
ID: _____
No. of Copies: _____
OFFICE USE ONLY: _____