

**BRYN
MAWR**
COLLEGE

OFFICIAL TRANSCRIPT REQUEST FORM

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

PLEASE PRINT CLEARLY

STUDENT INFORMATION:	STUDENT ID NUMBER (if known): _____	BIRTHDATE: _____
LAST NAME: _____	FIRST NAME: _____	
MAIDEN/PREVIOUS NAME: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
DAYTIME TELEPHONE NUMBER: _____		EMAIL : _____

<p>SENDING INSTRUCTIONS:</p> <ul style="list-style-type: none"><input type="checkbox"/> SEMESTER GRADES ARE POSTED<input type="checkbox"/> SEND IMMEDIATELY<input type="checkbox"/> SEND OFFICIAL ELECTRONIC TRANSCRIPT TO THIS ADDRESS (please print clearly) : _____<input type="checkbox"/> PICK UP (allow 2 working days once we receive your request)<input type="checkbox"/> SEND OFFICIAL, SEALED PAPER TRANSCRIPT TO POSTAL ADDRESS (Transcripts will be sent via US Postal Service) <p>Please mail # _____ transcript (s) (number to be sent) to:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

STUDENT'S SIGNATURE REQUIRED (must be signed, typed italics not accepted)

TODAY'S DATE

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

PLEASE COMPLETE A SEPARATE REQUEST FORM FOR **EACH RECIPIENT** OF A TRANSCRIPT AND RETURN TO:

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

Fax: 610-526-5139
Email: registrar@brynmawr.edu
(ONLY scanned forms with signature accepted – NO E-Signature)