



Enrollment Management and Student Success
Office of Admissions and Records
303 University Drive, Mangilao, GU 96923-9000
Tel: 671-735-2201/02/04/06
Email: admitme@triton.uog.edu

REQUEST FOR TRANSCRIPT: HIGH SCHOOL/COLLEGE/UNIVERSITY

It is the applicant's responsibility to mail this form to the appropriate high school, college or university previously attended. We will not accept transcripts submitted by students; academic records must be mailed directly to the Admissions and Records Office from the issuing institution.

TO THE REGISTRAR/RECORDS CLERK:

Form fields for: COMPLETE NAME OF HIGH SCHOOL/COLLEGE/UNIVERSITY, STREET ADDRESS, CITY, STATE, ZIP CODE

Please Send: High School record (showing date of graduation or withdrawal)
College/University transcript

Table with 2 columns: NAME (Type or print last name first), MAIDEN NAME (If applicable), MAILING ADDRESS, SOCIAL SECURITY NO. and DATE OF BIRTH, PLACE OF BIRTH, LAST TERM ATTENDED (Year), DATE OF GRADUATION (If applicable)

Student's Signature: Date:

(PLEASE DETACH AND RETURN TO THE UNIVERSITY OF GUAM)

TO THE REGISTRAR, UNIVERSITY OF GUAM

SUBJECT: TRANSCRIPT REQUEST OF: NAME OF STUDENT

- The transcript of the above named student is enclosed.
There is no record of the above named student at this college or university.
The transcript of the above named student cannot be released for the following reasons(s):

SIGNATURE

SCHOOL/COLLEGE/UNIVERSITY