

REQUEST FOR ACADEMIC TRANSCRIPT

Transcripts will only be released to students who have met all admissions requirements and have cleared all outstanding financial obligations with the University of Guam. TRANSCRIPT CHECKLIST:

□ TRANSCRIPT REQUEST FORM. Complete and sign the transcript request form. In compliance with the Family Educational Rights and Privacy Act ("FERPA"), a signed request is required to release transcripts. Transcripts cannot be requested by or released to a third party without a signed authorization from the student. □ TRANSCRIPT FEE AND PAYMENT.

Fees: Transcripts are \$15 each. Rush service fee (transcripts are processed within 1-hour; same day service) is \$20 in addition to the cost of the transcript. Express mail fee is \$28.75 in addition to the cost of the transcript. Express mail rates vary according to destination; subject to change to reflect current U.S. postal rates. Payments: All payments are made at the Business Office. To make a payment using your credit card, call the Cashier at (671) 735-2923/2940/2946. Indicate the receipt number and amount paid on the transcript request form. Money orders are acceptable. Off-island checks are not accepted. Please do not send cash. **PHOTO IDENTIFICATION.** A photo ID copy is required for all transcript requests submitted via fax, email or mail. **SUBMIT REQUEST.** Submit all documents in person or via fax, email, or mail (see information above).

Transcripts are processed within four (4) working days; or three (3) weeks during the beginning and end of a term. Rush service is not available one week prior to or following Commencement.

Student ID Number/SSN	Date of Birth	Email Address (REQUIRE	D) Day	ytime Phone Number
Student's Full Name	Former or Maiden Name Semester(s)/Year(s) Attended			
Current Mailing Address				
UOG Degree/Date Conferred		UOG Major		
TRANSCRIPT TYPE: Please	indicate the number of tran	script type required.	SERVICE:	
O Undergraduate	-	evelopment (800 Level)*	O Student Copy	O Official Copy
O Graduate	O Continuing Edu	cation Unit (CEU)*	1st Copy (Free) Yes _	No
*Please list Continuing Education U	Inite/Ductoccional Davidon		Total transcripts = copy	x \$15.00 per # copies
Course Title	Date	Location	Rush (Additional Fee - \$20) Yes No -Upon Approval; Ready in 1-hour: Same day service Fax (Additional Fee - \$1) Yes No Express Mail (Additional Fees Apply) Yes No -U.S. Postal Rates vary according to destination HOLD UNTIL AFTER:	
			O Current Semester	O Degree Conferred
			O Grade Change - Co	ourse
${f O}$ will pick up or rel	_EASE TO:			
O EMAIL ADDRESS & AT	ГТN ТО:			
O FAX NO. & ATTN TO: _				
O TRANSCRIPT TO BE S	ENT TO (If more than one a	ddress, please use back of form): 		
Date			St	udent's Signature
FOR OFFICE USE ONLY		AMT/RECEIPT#:		 / By
	icationBusiness Offic	ce ClearanceLibrary Clearance		ROTC Clearance Revised 01/26/23