



UNIVERSITY OF GUAM
UNIBETSEDAT GUAHAN
ENROLLMENT MANAGEMENT & STUDENT SUCCESS
OFFICE OF ADMISSIONS AND RECORDS

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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:

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

NAME (Type or print last name first)	DATE OF BIRTH
MAIDEN NAME (If applicable)	PLACE OF BIRTH
MAILING ADDRESS	LAST TERM ATTENDED (Year)
SOCIAL SECURITY NO.	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