

REQUEST FOR OFFICIAL TRANSCRIPT

PLEASE FILL OUT A SEPARATE FORM FOR EACH COLLEGE THAT YOU HAVE ATTENDED.

Name of Student _____

Name Used While Attending _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Name of College/University (No Abbreviations) _____

Campus (Example: City Campus / North Eastern / Rockville Campus) _____

School Address _____ City, State (U.S. Schools Only) _____

Dates of Attendance _____ to _____

Degree Earned Associates Bachelor Master Doctorate If no degree earned, number of credits completed? _____

Signature _____ Date _____

Please Note:

Grand Canyon University will request official transcripts on behalf of a student. If GCU is not able to obtain a transcript by the end of the student's 2nd class, the responsibility of securing and submitting official transcripts reverts to the student.

Please fax this student's official transcript to 1-877-894-3879

If your institution does not fax official transcripts or participate in eSCRIP-SAFE, DOCUFIDE AND CLEARINGHOUSE please send an official transcript to:

*Grand Canyon University
Office of Academic Records
P.O. Box 11408
Phoenix, AZ 85061*

If you cannot provide the requested record, please fax this form to our office.

Please indicate Student does not appear to have attended institution Student record is not releasable

You may also email this information to schooltranscripts@gcu.edu Please be sure to include the student's name.

Confidential:

The information in this and preceding pages is protected by the rules and regulations of the Family Educational Rights and Privacy Act (FERPA). Please allow only authorized personnel of your institution to view and process this information.