



# Transcript Request Form

Submit form to:  
**Office of the University Registrar**  
 University of Mary Washington  
 1301 College Avenue  
 Fredericksburg, Virginia 22401-5300  
 Phone: (540) 654-1063 Fax: (540) 654-2145

SSN (Last 4 ONLY): \_\_\_\_\_ ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Month/Day/Year

Name: \_\_\_\_\_  
 Last First Middle/Maiden

Previous Names Used: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If not currently attending, date last attended (Term/Year): \_\_\_\_\_ Level: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Hold for Fall Grades		Hold for Spring Grades		Do Not Hold—Process ASAP		<u>Office Use Only</u> Date: _____ User: _____
Hold for May/June Grades		Hold for June/July Grades		Hold for Degree to be Awarded		
Hold for 8-week Summer Grades		Hold for 10-week Summer Grades				

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\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

I certify that I am the above named person requesting transcripts of my academic record. I understand that the University is bound by the Family Education Rights and Privacy Act of 1974 not to release any information without my written authorization

I understand that the University will not issue transcripts if I have any obligations to the University

Signature: \_\_\_\_\_ Date: \_\_\_\_\_