

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) 654-1163

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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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: _____