



Goshen College

Office of the Registrar

Request for Official Transcript

1700 S. Main St., Goshen, IN 46526/ Information: (574)535-7517 / Fax: (574)535-7660

Complete all information and sign your request.

Personal information

Student ID or SSN _____ Birth date ____ / ____ / ____

I am a current student Last date of attendance _____

Last name _____ First _____ Middle _____

Name used while attending (if different) _____ E-mail address _____

Current address _____

City _____ State/Prov. _____ ZIP _____ Phone _____

Signature _____ date _____

For your protection, transcripts will not be released without a written signature

Transcript request information

Transcripts will not be provided for students with financial and other obligations to the College. The processing time for transcripts is 3-4 working days. Please allow additional time during peak processing periods such as beginning and ending terms.

I will pick up ____ transcript(s) on _____ (date) Mail ____ transcript(s) to me at the above address

Mail ____ transcript(s) to the name(s) and address(es) below:

Mail _____ transcript(s) to:

Name _____

Address 1 _____

Address 2 _____

City _____ State/Prov. _____ ZIP _____

Please send:

Undergraduate work only

Graduate work only

Both Undergraduate and Graduate work

Mail _____ transcript(s) to:

Name _____

Address 1 _____

Address 2 _____

City _____ State/Prov. _____ ZIP _____

Hold for (optional):

Hold for current term grades

Degree posting-date to be awarded _____

Payment information

Paid by: Cash Check

MasterCard Visa Discover

Office use only
Date issued _____ by _____
 Cash Check Credit Free

Credit card number _____ Expiration date _____

Name on credit card _____ Three Digit Security Code _____

Number of transcripts requested _____ @\$4.00 each = _____