



TRANSCRIPT REQUEST FORM

Office of the Registrar
3100 NW 5th Avenue
Boca Raton, FL 33431
561-395-3011 ext. 804

Complete a separate request form for each address. Transcripts will not be sent for a student with outstanding debts. Transcripts from other institutions cannot be duplicated; contact those institutions directly. Requests will be honored as quickly as possible; during peak periods of registration there may be some delay. Please use blue or black ink.

Last Name _____ First Name _____

Address _____

City, State, Zip _____ Date of Birth _____

Last 4 of Soc. Sec. # _____ Tel# _____

Signature (required) _____

Please check all that apply:

I'm currently enrolled at GSA I'm withdrawn I graduated from GSA on _____

Transcript Type:

Official to Institution Official to Student Unofficial Transcript

Handling Instructions:

No. of copies _____ Send now Hold for semester's grade Hold for degree to be posted

Hold for pickup Send via mail

Mail to:

Note: If you are sending multiple transcripts to be sent to the same address, please use only one form and mark number needed above.