

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: _____
MM/DD/YYYY

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

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

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Address: _____

City: _____ State: _____

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Issue To: _____

Address: _____

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: _____