

BRYN
MAWR
COLLEGE

OFFICIAL TRANSCRIPT REQUEST FORM

To obtain a copy of your student transcript, please send the completed form below to:

Office of the Registrar
Bryn Mawr College
101 North Merion Ave.
Bryn Mawr, PA 19010-2899

TRANSCRIPTS WILL BE WITHHELD IF OVERDUE OBLIGATIONS TO THE COLLEGE HAVE NOT BEEN SATISFIED.

PLEASE PRINT CLEARLY

STUDENT ID NUMBER: _____ BIRTHDATE: _____
LAST NAME: _____ FIRST NAME: _____
MAIDEN/PREVIOUS NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAYTIME TELEPHONE NUMBER: _____ EMAIL : _____

ENROLLMENT INFORMATION: Please fill in the information below.
____ CURRENTLY ENROLLED ____ NOT CURRENTLY ENROLLED
(If not currently enrolled, please indicate your last semester of attendance: _____)
____ UNDERGRADUATE ____ GRADUATE Arts and Sciences ____ GRADUATE Social Work OTHER: _____

SEND AFTER: ____ SEMESTER GRADES ARE POSTED ____ SEND IMMEDIATELY
____ PICK UP (allow 2 working days once we receive your request)
____ HOLD FOR THE FOLLOWING CORRECTION: _____

STUDENT'S SIGNATURE REQUIRED

TODAY'S DATE

In keeping with the Family Rights and Privacy Act of 1974 (FERPA), a student's signature is required for release of a transcript.

COMPLETE A SEPARATE REQUEST FORM FOR EACH RECIPIENT OF A TRANSCRIPT
Transcripts will be sent by U. S. Postal Service.

Please mail ____ transcript (s) to:

Student Name: _____
ID: _____
No. of Copies: _____
OFFICE USE ONLY: _____