

# UNOFFICIAL TRANSCRIPT REQUEST

Office of the Registrar  
Grinnell College  
Grinnell, IA 50112-1690

Phone: 641-269-3450  
Fax: 641-269-4937

Date \_\_\_\_\_

\_\_\_\_\_  
Student ID #                      Last Name                      (Maiden)                      First Name                      Middle Initial

\_\_\_\_\_  
Birthdate                      Telephone                      Class Year

Current Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send/fax unofficial transcripts to:

Recipient \_\_\_\_\_

Fax #, Email or Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please make transcript reader accessible(circle one): Yes No

\_\_\_\_\_  
**SIGNATURE**

**NOTE: Grinnell College will not release transcripts without written authorization from the student.**