

# GOLDEN GATE UNIVERSITY

## TRANSCRIPT REQUEST FORM

To request official copies of your Golden Gate University transcript, please fill out this form and submit it to:  
 Golden Gate University • Office of Records and Registration • 536 Mission Street, San Francisco, CA 94105-2968  
 or fax it to (415) 442-7223

**LAW STUDENTS ATTEMPTING TO TRANSFER TO ANOTHER LAW SCHOOL – DO NOT USE THIS FORM.  
 CALL THE LAW REGISTRAR AT 415-442-6620**

- We issue transcripts in their entirety only; we will not process requests asking to exclude a degree program or academic level.
- We do not issue unofficial transcripts.
- We do not refund fees for cancelled requests.
- We do not release transcripts for students with unresolved financial obligations with the university. If we find an obligation exists, the Office of Student Financial Services will contact you. If you do not resolve the matter with them within 30 days, we will return your request, along with any checks or money orders you've submitted.

Mr.  Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(check one) last (family/legal) name first (given) name middle name or initial month / day / year

Name on GGU academic record if different from above: \_\_\_\_\_  
last (family/legal) name first (given) name middle name or initial

GGU ID or Social Security Number: \_\_\_\_\_ Dates of Enrollment: \_\_\_\_\_ to \_\_\_\_\_ Are you currently in the U.S. on an F or J visa?  Yes  No  
month / year to month / year

**Current Address:** \_\_\_\_\_  
street city state zip country

Daytime Phone: \_\_\_\_\_ (  Business  Home ) E-Mail Address: \_\_\_\_\_

Method of Payment:  Cash  Check or Money Order (made out to "Golden Gate University")  
 Visa  MasterCard  American Express Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

PROCESSING TIME	WRITE NUMBER OF TRANSCRIPTS WANTED BELOW			FEE (non-refundable)
	TO BE MAILED TO ADDRESS ABOVE	TO BE MAILED TO ADDRESS(ES) ON REVERSE	TO BE PICKED UP AT RECORDS OFFICE	
<b>REGULAR</b> <small>processed within ten business days &amp; mailed via regular mail</small>				\$5 per transcript
<b>EXPRESS</b> <small>processed the next business day &amp; mailed via overnight delivery (second-day delivery to PO boxes and international addresses) <b>MUST BE SUBMITTED BY 4:00 PM</b></small>				\$5 per transcript + \$15 per US address or if being picked up \$30 per int'l address
<b>TOTAL</b>				\$

- Please begin processing this request:** (check one)
- After receiving this form
- After recording my grades for the:  Fall Term  Spring Term  Summer Term
- After recording my degree

**I hereby authorize the release of the copies of my transcript as indicated above.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAMP IF PAID

Records & Registration use only: Date sent: _____ Initials: _____	Student Financial Services use only: <input type="checkbox"/> OK <input type="checkbox"/> HOLD Balance: _____
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