TRINITY
WASHINGTON DC
UNIVERSITY

Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
202.884.9530 fax: 202.884.9524

Transcript Request Form

_____ _____ _____
Last Name First Name Middle Name

Former Name (if any): _____

PC ID Number or SSN: _____ Date of birth: _____/_____/_____

Phone number: _____ Email address: _____

Approximate dates of attendance: _____ Graduation Date (if applicable): _____

Have you taken any Professional Development for Educators classes through Continuing Education? ___Y ___N

Signature: _____ Date: _____/_____/_____
(Required for release of records.)

Please note: Transcript requests are generally processed within one business day of receipt of the signed request form. All transcripts are mailed via USPS first-class mail. If multiple official copies are ordered, each transcript will be sealed in its own envelope. We cannot release your transcript if there is a financial hold on your student account.

Special handling options:

_____ Please hold processing until current semester grades are posted.
_____ Please hold processing until degree is awarded.
_____ No special handling necessary.

Order information:

I wish to pick up my order in the office on: _____/_____/_____

___ (# of copies) of OFFICIAL transcript
___ (# of copies) of UNOFFICIAL transcript

Please mail to address below:

___ (# of copies) of OFFICIAL transcript
___ (# of copies) of UNOFFICIAL transcript

Name of Recipient or Institution _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Please mail to address below:

___ (# of copies) of OFFICIAL transcript
___ (# of copies) of UNOFFICIAL transcript

Name of Recipient or Institution _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Request Received:
Initials:_____Date:_____

Request Completed:
Initials:_____Date:_____