

# UNOFFICIAL TRANSCRIPT REQUEST

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

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

Date \_\_\_\_\_

Student ID # or SS#	Last Name	(Maiden)	First Name	Middle Initial
Birthdate	Telephone		Class Year	

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

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

Please send/fax unofficial transcripts to:

Recipient \_\_\_\_\_

Fax # or Address \_\_\_\_\_

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

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

**NOTE: Grinnell College will not release transcripts without authorization from the student. Transcripts will not be issued if any college accounts are delinquent.**