

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 _____

SIGNATURE

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