

Transcript Request Form

Goddard College
Office of the Registrar
123 Pitkin Rd
Plainfield, VT 05667

(802) 454-8311
Fax (802) 454-1451
records@goddard.edu

INSTRUCTIONS

Complete this form and submit it to the Office of the Registrar. Please print clearly. You may submit the form via fax or mail, or send a signed and scanned version of this form by email.

If this is your first transcript request, there is a one-time transcript compiling fee of \$25, for which one student (unofficial) copy and one official copy are issued. All future copies of transcripts—student or official—are \$10 each. Payment in the form of a check, money order, American Express, Visa, Master Card or Discover must be included. Your transcript cannot be released if you have outstanding financial obligations to the college, have incomplete academic paperwork or have provided incomplete delivery information.

Transcript requests are processed in the order in which they are received. Standard processing time is up to 15 business days after financial clearance is obtained. Expedited processing is not available. Express delivery (via FedEx) is available. This service expedites mailing time, not processing time. FedEx requires the contact name, street address and telephone number of the recipient for delivery. This service is available Monday through Friday (excluding holidays). The charge for express delivery services to domestic and Canadian destinations is \$35.00 per address, and \$45.00 per address for all other locations.

STUDENT INFORMATION

Date of Request: _____ Social Security Number _____
Name _____ Name while enrolled, if different _____
Goddard Program(s) _____ Dates of Enrollment _____
Your contact information:
Mailing Address _____ City/State/Zip _____
Phone _____ Email _____
SIGNATURE _____

MAILING INFORMATION (For additional addresses, please attach supplemental pages)

Please send transcript(s) to:	Please send transcript(s) to:
Name _____	Name _____
Department _____	Department _____
Institution _____	Institution _____
Address _____	Address _____
Number of Official transcripts _____	Number of Official transcripts _____
Number of Unofficial transcripts _____	Number of Unofficial transcripts _____
Goddard degree(s) to be included _____	Goddard degree(s) to be included _____

PAYMENT INFORMATION

Cost Worksheet	Payment: ___check enclosed ___please charge my credit/debit card
One-time compiling fee for first request: \$25 per Goddard degree _____	Name of Cardholder _____
Transcripts after first request: \$10 each (\$5 each if multiple Goddard degrees) _____	Card Number _____
Expedited shipping: \$35 per destination—US & Canada _____ \$45 per destination—international _____	Exp Date _____ Authorized Charge Amount _____
Total Due for This Order: _____	Card Type: ___Amer. Exp. ___Master Card ___Visa ___Discover
	Signature of Cardholder _____