University of Guam
OFFICE OF ADMISSIONS AND RECORDS
303 University Drive, Mangilao, Guam 96913
Tel: (671) 735-2204/2206 Fax: (671) 735-2203
E-mail: transcripts@triton.uog.edu Website: www.uog.edu

REQUEST FOR ACADEMIC TRANSCRIPT

Transcripts will only be released to students who have met all admissions requirements and have cleared all outstanding financial obligations with the University of Guam.

TRANSCRIPT CHECKLIST:

☐ **TRANSCRIPT REQUEST FORM.** Complete and sign the transcript request form. In compliance with the Family Educational Rights and Privacy Act ("FERPA"), a signed request is required to release transcripts. *Transcripts cannot be requested by or released to a third party without a signed authorization from the student.*
☐ **TRANSCRIPT FEE AND PAYMENT.**
Fees: Transcripts are $5 each. Rush service fee (transcripts are processed within 1-hour; same day service) is $20 in addition to the cost of the transcript. Express mail fee is $25.50 in addition to the cost of the transcript. Express mail rates vary according to destination; subject to change to reflect current U.S. postal rates.
Payments: All payments are made at the Business Office. To make a payment using your credit card, call the Cashier at (671) 735-2923/2940/2946. Indicate the receipt number and amount paid on the transcript request form. Money orders are acceptable. Off-island checks are not accepted. Please do not send cash.
☐ **PHOTO IDENTIFICATION.** A photo ID copy is required for all transcript requests submitted via fax, email or mail.
☐ **SUBMIT REQUEST.** Submit all documents in person or via fax, email, or mail (see information above).

Transcripts are processed within four (4) working days; or three (3) weeks during the beginning and end of a term. Rush service is not available one week prior to or following Commencement.

Student ID Number/SSN **Date of Birth** **Email Address (REQUIRED)** **Daytime Phone Number**

_____

Student's Full Name **Former or Maiden Name**

_____

Current Mailing Address **Semester(s)/Year(s) Attended**

_____

UOG Degree/Date Conferred **UOG Major**

_____

TRANSCRIPT TYPE: *Please indicate the number of transcript type required.*

____O **Undergraduate** ____O **Professional Development (800 Level)***
____O **Graduate** ____O **Continuing Education Unit (CEU)***

***Please list Continuing Education Units/Professional Development (800 Level) courses below:**
Course Title **Date** **Location**

_____

_____

_____

SERVICE:

O **Student Copy** O **Official Copy**

1st Copy (Free) Yes ___ **No** ___

Total transcripts = _____ x $5.00 per copy
 # copies

Rush (Additional Fee - $20) **Yes** ___ **No** ___
-Upon Approval; Ready in 1-hour: Same day service
Fax (Additional Fee - $1) **Yes** ___ **No** ___
Express Mail (Additional Fees Apply) **Yes** ___ **No** ___
-U.S. Postal Rates vary according to destination

HOLD UNTIL AFTER:

O **Current Semester** O **Degree Conferred**
O **Grade Change - Course**_____

O **WILL PICK UP OR RELEASE TO:** _____
O **EMAIL ADDRESS & ATTN TO:** _____
O **FAX NO. & ATTN TO:** _____
O **TRANSCRIPT TO BE SENT TO** ***(If more than one address, please use back of form):***

_____

_____

_____

_____ _____
Date **Student's Signature**

FOR OFFICE USE ONLY **AMT/RECEIPT#:** _____/_____/ **By**_____

HOLD FOR: ____**Admissions Application** ____**Business Office Clearance** ____**Library Clearance** ____**Dorm Clearance** ____**ROTC Clearance**

Revised 07/2019