

## Academic Operations

**Mailing Address:** 3501 University Boulevard East, Adelphi, MD 20783-8070

**Physical Location:** 1616 McCormick Drive, Largo, MD 20774

**Main Office Phone:** 240-684-2222 | **Fax Number:** 240-684-2005 | **E-mail:** [saverifications@umgc.edu](mailto:saverifications@umgc.edu)

### Investigator Request for Unofficial Transcript

**Please allow three (3) business days for processing and completion of requests. Requests received after 4 p.m. will be date stamped for the following business day; processing time will begin on that date. Should you have a substantial request (10 or more submitted within 3 consecutive business days), allow five business days for completion.**

***Important Note:** Please print legibly and complete the form in its entirety (a signed student release must accompany this form)*

Date: \_\_\_\_\_

Student's Full Name (include former names):  
\_\_\_\_\_

Undergraduate Student  Graduate Student

Student's Social Security #: \_ \_ \_ \_ \_

Dates of Attendance (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_

Disciplinary Records  Campus or Online

Investigator's Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Badge

Number (required for release of transcript): \_\_\_\_\_ Business/Agency

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive the unofficial transcript? (**Check one**)

Fax number: \_\_\_\_\_

**NOTE:** If we attempt to fax your request and it's unsuccessful, we will re-process your request to be sent via mail. This will require an additional (1) business day. Mailing address required when checking the fax option.

E-Mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

OFFICE USE ONLY:	Date Received: ____/____/____
Processed by: _____	Date Processed: ____/____/____