

Request for Official Transcripts to be sent to Grand View University

STUDENT: Please complete this form and send to each school you have attended.

TRANSFER STUDENTS: In addition to requesting official college transcripts from all colleges or universities previously attended, if you have completed fewer than 24 semester hours of college coursework before applying to Grand View, request an official high school transcript and official ACT or SAT scores. Duplicate this form as necessary. Please call the Admissions Office with any questions at 515-263-2810 or 800-444-6083, ext. 2810.

Student Inform	ation				
Student name					
	Last	First		Middle	Former names
Date of birth			Last 4 digits of	Social Security N	umber
Current address					
	Number and street				
	City			State	Zip
Phone ()	Email			
Year of most rec	ent enrollment				
School Informa	tion				
Name of school_					
Current address					
	Number and street				
	City			State	Zip
Current student?	Yes 🗖 No	If yes, release transcripts (select	one): 🗖 ASAP	☐ After grades	☐ After degree
Transcript Fees	3				
☐ Fee enclosed	: 🖵 Check 🖵 Ca	ash			
☐ Please charge	e my: 📮 MasterC	ard 🖵 VISA 🖵 Discover 🖵 Ame	erican Express		
Card number			CVV*		Expiration date
			*Locate	d on the back of you	r card in the signature panel.
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Please send official transcripts to: Grand View University; Attn: Admissions Office, 1200 Grandview Avenue, Des Moines, Iowa 50316 Admissions phone: 515-263-2810 or 800-444-6083, ext 2810

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