

REQUEST FOR ACADEMIC RECORD

Transcript Request

Please release the academic record and test record to the Frostburg State University Office of Graduate Services. This information may be presented on any form considered official to your particular school, provided it carries the appropriate signatures and school seal. Students are responsible for having transcripts forwarded to the Office of Graduate Services.

Student Signature _____ **Date** _____

Please type or print

Student Name _____ **SS#** _____

Name of College/University _____

Address of College/University _____

Please send this form with the official transcript to:

Office of Graduate Services

Frostburg State University

Frostburg, Maryland 21532-1099