

GEORGE MASON UNIVERSITY

Transcript Request

To Be Completed By the Applicant:

Name _____
Last or Family Name *First* *Middle* *Maiden*

Social Security Number _____

School _____

Dates of Enrollment _____

Degree and Year _____

I authorize the release of a transcript of my academic record to the George Mason University School of Management.

Signature _____ Date _____

To Be Completed By The Registrar:

Registrar: This person is applying for admission to George Mason University. Please enclose this form along with a transcript in an official university envelope addressed to the applicant. Seal the envelope; date and sign, stamp, or place your seal on the back flap; and return it to the applicant.

Be sure to include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, include an English translation. If a copy of the student's academic record cannot be forwarded, please indicate the reasons. If your policy does not allow returning the sealed envelope to the candidate, please send it directly to GEORGE MASON UNIVERSITY, School of Management, Admissions Office, MS 5A2, Fairfax, VA 22030-4444.

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