

GARRETT COLLEGE
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TRANSCRIPT REQUEST

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I authorize the release of my transcript to the recipient(s) indicated below. I understand that my transcript will not be released if I have an outstanding debt to the College. My signature authorizes the release of all personal and academic information posted on the transcript.

Signature: _____ Date: _____

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- Mail Now
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Questions: transcripts@garrettcollege.edu or 301-387-3153