G·I·A·L
GRADUATE INSTITUTE OF APPLIED LINGUISTICS

TRANSCRIPT REQUEST FORM

All transcripts are released only upon the student's written request for release (signature), payment of the required fee (if applicable), and only if the student's GIAL financial account is in good standing and without encumbrances. If a student completed both certificate and graduate coursework at GIAL, a single transcript includes all coursework. Transcripts are normally mailed within three business days of receipt of the request.

Please print

Name: _____ Today's Date: _____
(Print full name)

Street Address: _____

City, State, Zip: _____

E-mail Address: _____ GIAL Library/I.D.: _____

Is the above a new address? ___ No ___ Yes, please update.

If you attended GIAL under a name other than your current name, please sign this request with both your current signature and the signature of the name that you attended under.

*Name on records: _____ _____
**If enrolled under a different name* *Signature of the name you attended under.*

Please indicate your preference:
____ Official copy *($5.00 per copy)* *(# of copies)* ____ Unofficial copy *(no charge)* *(# of copies)*
We accept cash or check. Make payable to GIAL.

Please indicate your preference:
☐ Send now ☐ Hold for pick-up
☐ Hold for final grades/degree
☐ Other _____

Purpose of transcript:
☐ College/Graduate School ☐ Scholarship Application ☐ Employment/Ministry ☐ Insurance/Loan
☐ Other: _____

Send transcript(s) to: _____ _____

Provide the name, agency, or organization and any necessary address. Please print.

_____ _____

_____ _____

_____ _____

Request for a transcript must bear the signature of the individual whose permanent record is involved. If the name is typed or printed only, the request will not be honored.

Signature *(required)*: _____

Mail requests should be sent to: GIAL
Office of the Registrar
7500 W. Camp Wisdom Road
Dallas, TX 75236

Fax requests should be faxed to: (972) 708-7396

If you have questions about your transcript request, contact the Registrar.

Phone: (972) 708-7536
E-mail: registrar@gial.edu

OFFICE USE ONLY: Encumbrances? ☐ No ☐ Yes - type: _____ Amount Paid $: _____
If yes, enter the date when the student was notified of encumbrances: _____
Date transcript sent: _____ Transcript completed by (initials): _____