



TRANSCRIPT REQUEST FORM

Received by: _____ on _____

Time Received: _____

INSTRUCTIONS AND REGULATIONS

1. Please **PRINT** or **TYPE** all information accurately and completely.
2. A transcript of a student's record at GCC will be issued in accordance with the **written instructions** of the student (or if the student is under the age of 18 years and only enrolled in Adult High School classes, the student's parent or legal guardian) whose transcript is requested.
3. If anyone other than the student is to request or pick up a the transcript, the student must provide a **written authorization** and a copy of the student's valid ID card (GCC ID Card, Driver's License, etc....)
4. Clearance from the GCC Finance & Administrative Office must be obtained prior to submitting this request. Any financial obligation must be cleared prior to issuance of transcripts.

COST: \$15.00 Single Copy- 5 working days

\$1.00 each additional copy requested at the same time

\$30.00 Same day service *****SAME DAY SERVICE NOT AVAILABLE ON FRIDAYS*****

Requests must be submitted before 1p.m. to be ready after 4:30p.m. on the same day.

Requests received after 1pm will be available for pick up the following working day after 12noon.

\$1.00 each additional copy requested at the same time

GCC, IBC and GIAT transcripts are charged separately.

Transcripts will NOT be faxed or emailed

LEGAL NAME: _____

STUDENT ID NUMBER: _____

(i.e. SSN/Driver's Lic.)

DATE OF BIRTH: _____

If you have used another name (**maiden name**) please list here _____

MAILING ADDRESS: _____

PO BOX

OR

HOME MAILING ADDRESS

VILLAGE/CITY

TERRITORY/STATE

ZIP CODE

TELEPHONE NUMBER: _____

GENDER: () MALE

() FEMALE

I am currently enrolled Include this semester's final grade I was enrolled _____

CHECK ALL THAT APPLY TO YOUR ATTENDANCE IN THE COLLEGE

VOCATIONAL HIGH SCHOOL ADULT HIGH SCHOOL/COLLEGE GCC SPECIAL PROJECTS IBC GIAT

REASON FOR REQUESTING TRANSCRIPT(S) (check appropriate box below)

- I would like to continue my education or training at a 2 or 4 year educational institution
- I would like to continue training at a technical school
- I need it for employment purposes
- I need it for military purposes

DELIVERY INSTRUCTIONS FOR TRANSCRIPTS (check appropriate box below)

I will **HANDCARRY** _____ Official copy (ies) of my transcript(s) to: _____

I hereby **AUTHORIZE** _____ to pick up my transcripts for me.

MAIL DIRECTLY TO: (provide address below) If more space is needed, please attach a sheet of paper.

ATTENTION: _____ ATTENTION: _____

Address: _____ Address: _____

STUDENT'S SIGNATURE: _____

DATE: _____

Does this student have an outstanding obligation to the College? () Yes _____ () No _____

Initial/Date

Initial/Date

No. of transcripts requested: _____

Amount paid: _____

Receipt Number: _____

Prepared by: _____

Date: _____

Checked by: _____

Date _____