



Gaston College
Opportunities For Life

Transcript Request Form

To The Applicant

1. Complete the information requested below
2. Send this form to your previous school(s)

Name _____ Phone _____

Current Address _____

City _____ State _____ Zip Code _____

School _____

Name when enrolled (if different) _____

Date of enrollment _____

Degree and year _____

Birthdate _____ Social Security Number _____

I hereby authorize the release of a transcript of my academic record to Gaston College.

Signature

Date

To The School:

The above named person is making application to Gaston College. In support of this application, the applicant requests that a transcript of his/her academic record be sent to:

Gaston College
Office of Admissions
201 Highway 321 South
Dallas, NC 28034-1499

Please notify the student directly if you are unable to process this request.