

ADULT HIGH SCHOOL Student Transcript Request Form

Official transcripts cannot be emailed or faxed.
For GED® or HiSET documentation, visit diplomasender.com

Date of Birth: _____ Last Four SSN: _____

Full Name: _____

Phone: _____ Email: _____

Former/Maiden Name (if different from above): _____

Last Year Attended: _____ AHS Graduate: Yes No Unsure

Please choose from the following: Specify number of copies.

Unofficial copy for me to pick up. 1 2

Official copy for me to pick up. 1 2

Hold transcript for final grades.

Forward an Official copy to:

Gaston College

Attn: Office of Admissions

201 Highway 321 South

Dallas, NC 28034

OR

Name of Institution/Person

Attn:

Address/P.O. Box

City State Zip

Name of Institution/Person

Attn:

Address/P.O. Box

City State Zip

I hereby authorize Gaston College to release my Adult High School transcript.

Signature (required for processing)

Date

By typing your name above, you are signing this application electronically.

There is a processing time of up to 7 business days from receipt of your request form. This does not include time required for mailing, so please plan accordingly. Documents may only be picked up by person(s) authorized above and Photo ID will be required. Official transcripts cannot be emailed or faxed.

For Office Use Only		Date Received:	Staff Initials:
Date Mailed:	Staff Initials:	Date Ready for Pickup:	Staff Initials:

