

Transcript Request Form

Gaston College Records and Registration

STUDENT INFORMATION

STUDENT NAME _____

STUDENT ID # _____ SOC SEC # _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

EMAIL ADDRESS _____

IF ATTENDED UNDER ANOTHER NAME, PRINT NAME HERE _____

DID YOU GRADUATE FROM GASTON COLLEGE? YES NO

LAST YEAR YOU ATTENDED _____

OFFICIAL TRANSCRIPT MAILED AS OF TODAY'S DATE ALLOWING TWO WEEKS TO PROCESS (\$7.00 EACH COPY)

NAME _____	QTY _____
ADDRESS _____	
CITY _____ STATE _____ ZIP _____ PHONE # _____	
NAME _____	QTY _____
ADDRESS _____	
CITY _____ STATE _____ ZIP _____ PHONE # _____	

OFFICIAL TRANSCRIPT MAILED AFTER CURRENT TERM GRADES ARE POSTED ALLOWING THREE WEEKS TO PROCESS (\$7.00 EACH COPY)

NAME _____	QTY _____
ADDRESS _____	
CITY _____ STATE _____ ZIP _____ PHONE # _____	
NAME _____	QTY _____
ADDRESS _____	
CITY _____ STATE _____ ZIP _____ PHONE # _____	

UNOFFICIAL TRANSCRIPT COPY MAILED

NAME _____	QTY _____
ADDRESS _____	
CITY _____ STATE _____ ZIP _____ PHONE # _____	

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, I HEREBY GRANT PERMISSION TO RELEASE MY TRANSCRIPT TO THE AGENCY/BUSINESS/INSTITUTION LISTED ABOVE.

PICK-UP TRANSCRIPT IN PERSON

NUMBER OF UNOFFICIAL COPIES _____ NUMBER OF OFFICIAL COPIES (\$7.00 EACH COPY) _____

STUDENT SIGNATURE _____ Date _____

I CERTIFY THAT THE RECORD I AM REQUESTING TO BE RELEASED IS MY OWN. I FURTHER UNDERSTAND THAT IF I SIGN FOR ANOTHER INDIVIDUAL'S RECORD TO BE RELEASED, I WILL BE HELD LIABLE.

NO TRANSCRIPT CAN BE ISSUED FOR A STUDENT WHO HAS AN OUTSTANDING FINANCIAL OBLIGATION TO THE COLLEGE.
METHOD OF PAYMENT ACCEPTED: CASH, MONEY ORDER OR CREDIT CARD.

Department of Student Records