

## **EWD-Continuing Education Transcript Request**

Please complete the following information and return it to:  
Gaston College - Continuing Education Records, 201 Highway 321 South, Dallas, NC 28034  
Fax: 704-922-2344

Gaston College ID or Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If attended under another name: \_\_\_\_\_

I hereby authorize Gaston College to release my Continuing Education Transcript.

\_\_\_\_\_ Prepare a copy for me to pick up                      \_\_\_\_\_ Forward a copy to:

\_\_\_\_\_ Email a copy to (unofficial transcripts only):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>For Office Use Only</b>	
Date Mailed/Emailed:	Date Picked Up:

