

Gaston College Records and Registration

AUTHORIZATION TO RELEASE OFFICIAL STUDENT TRANSCRIPT

**ALL FIELDS MUST BE COMPLETED AND THE SIGNED FORM RECEIVED BEFORE TRANSCRIPT WILL BE RELEASED.
INCOMPLETE FORMS WILL NOT BE HONORED.**

Please print all information clearly and accurately

PERSONAL INFORMATION:

Name: _____ SSN: _____

If attended under different name, print name here: _____

Phone #: (____) _____ - _____ DOB: ____/____/____ Date Last Attended: _____

Email Address: _____ Graduated from Gaston College: Yes ____ No ____

Address to mail transcript: _____

Payment Method: ONLINE at <http://www.gaston.edu/studentresources/transsteps.php>
(CHECK ONE) By phone at 704-922-2259

Date Paid: _____

PLEASE READ AND SIGN BELOW:

By signing below, I hereby authorize Gaston College to release my official transcript to the agency/business/institution as requested, in accordance with the Family Educational Rights and Privacy Act of 1974. I also 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 agree to be held liable.

STUDENT'S SIGNATURE: _____ DATE: _____

Once your payment is processed and your release form is received, your transcript will be mailed.

PLEASE FAX COMPLETED FORM TO: (704) 922-2344

-OR- Scan and email completed form (with signature) to gcregistrar@gaston.edu

-OR- Mail completed form to:
Gaston College Records and Registration
Attn: Transcript Release
201 Highway 321 South
Dallas, NC 28034