



**GASTON**  
COLLEGE

**EWD-Continuing Education Transcript Request**  
**Gaston College Records and Registration**

STUDENT INFORMATION			
<b>STUDENT NAME</b>			
<b>STUDENT ID#</b>	<b>SOC SEC#</b>	<b>DOB</b>	
<b>ADDRESS</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE#</b>
<b>EMAIL ADDRESS</b>			
<b>IF ATTENDED UNDER ANOTHER NAME, PRINT NAME HERE:</b>			

**LAST YEAR ATTENDED** \_\_\_\_\_

**EMAIL A COPY (UNOFFICIAL TRANSCRIPTS ONLY):**

**PREPARE A COPY FOR ME TO PICK UP:**

**MAIL A COPY TO:**

OFFICIAL TRANSCRIPT MAILED AS OF TODAY'S DATE, ALLOWING TWO WEEKS TO PROCESS			
<b>NAME</b>			
<b>ADDRESS</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PNONE#</b>
<b>EMAIL ADDRESS</b>			

**NUMBER OF OFFICIAL COPIES** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Department of Student Records**  
**Phone: 704-922-6232 | Fax: 704-922-2344 | [www.gaston.edu](http://www.gaston.edu)**