



EWD-Continuing Education Transcript Request
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:			

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			
NAME			
ADDRESS			
CITY	STATE	ZIP	PHONE#
EMAIL ADDRESS			

NUMBER OF OFFICIAL COPIES _____

STUDENT SIGNATURE _____ DATE _____

Department of Student Records
Phone: 704-922-6232 | Fax: 704-922-2344 | www.gaston.edu

Dallas Campus | 201 Highway 321 South | Dallas, NC 28034 | 704.922.6200
Lincoln Campus | P.O. Box 600 | 511 South Aspen St. | Lincolnton, NC 28093 | 704.748.5200
Kimbrell Campus & Textile Technology Center | P.O. Box 1044 | 7220 Wilkinson Blvd. | Belmont, NC 28012 | 704.825.3737