

**REQUEST FOR TRANSCRIPT**  
**Gaston College Office of the Registrar**  
*There is a \$5.00 fee for each official transcript.*

Please print all information **clearly** and **accurately**.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Student ID# or SS# \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone# \_\_\_\_\_

If attended under another name, print name here \_\_\_\_\_ Graduated from Gaston College Yes \_\_\_ No \_\_\_

Last year you attended: \_\_\_\_\_

**Official transcript mailed as of today's date allowing two weeks to process (\$5.00 each copy)**

Name:	Name:
Address:	Address:
Qty:	Qty:

**Official transcript mailed after current term grades are posted allowing three weeks to process (\$5.00 each copy)**

Name:	Name:
Address:	Address:
Qty:	Qty:

**Student transcript copy mailed**

Name:	Name:
Address:	Address:
Qty:	Qty:

*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 Student copies

\_\_\_\_\_ Number of Official copies (**\$5.00 each copy**)

**STUDENT'S 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 (paid online or in-person only).**
- **Please, No Personal Checks. (Sending a personal check will delay your request.)**

<b>FOR OFFICE USE ONLY</b>	
Receipt #: _____	Receipt Date: _____
Amount Paid: _____	ID Checked by: _____