Transcript Request Form
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 _____

DID YOU GRADUATE FROM GASTON COLLEGE? ○ YES ○ NO

LAST YEAR YOU ATTENDED _____

PICK-UP TRANSCRIPT IN PERSON

NUMBER OF UNOFFICIAL COPIES _____ NUMBER OF OFFICIAL COPIES ($10.00 PER COPY) _____

STUDENT 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.

Department of Student Records

Gaston College * 201 Highway 321 South * Dallas, NC 28034 * Phone: 704-922-6232 * Fax: 704-922-2344 * www.gaston.edu