



REQUEST FOR TRANSCRIPT

Please print clearly. Allow two business days to process your request. However, during periods of high student need (such as graduation or registration) or during holidays or school closings, a delay may occur. Photo ID must be presented when picking up requested document(s). **Signature is required for processing.** The form must be hand signed in blue or black ink. Electronic signatures will not be accepted.

Name: _____
(Last) (First) (Middle Initial) (Maiden)

Current Address: _____
Street Apt. #

City State Zip Code

Phone #: _____ Date of Birth: _____ SS#: XXX-XX-_____
(Last 4 digits)

Student ID#: _____ Student Signature: _____ Date _____

I authorize Goldey-Beacom College to release the information below per this request.

Type of Transcript:

- Official Copy**
Bears the school seal and signature of the Registrar.
Issued in sealed envelope not to be opened by student.
- Student Copy**
Bears "Issued to Student" stamp

Student Status:

- Currently enrolled
- Graduate – year of graduation _____
- Inactive – dates attended _____

Order Instructions:

- Hold for final grades
- Number of copies to be sent to current address: _____
- Number of copies to address below _____

If this is in response to a Request for Evidence (RFE), please also fill out a separate verification request form.

Method of Delivery: (CHOOSE ONLY ONE)

- Mail
- Email*
- Fax
- Pick-up

Mail Transcripts To:

Name _____ Email: _____
(*If current GBC student, transcript will be emailed to GBC email account)

Street Address _____ Fax#: _____

City State Zip Code _____ Pick-Up Date: _____

For Office Use Only:

Date Received: _____ Date Verified: _____ Initials: _____ Date Processed: _____ Initials: _____
SH: _____ BO: _____ PK: _____ LA: _____ EC: _____ Date Cleared: _____