# Greensboro College
# Official Transcript Request

**INSTRUCTIONS:** Complete a form for each OFFICIAL transcript you need. **Read the acknowledgement section below.** Take the form(s) to the Student Accounts Office for review and approval. **Return the approved form to the Registrar's Office for processing. The form may be mailed to: Registrar's Office, Greensboro College, 815 W. Market Street, Greensboro, NC 27401-1875.**

**By completing and signing this form, I acknowledge that:**

- There is a *$10 processing fee* **for each transcript requested**.
- **My financial accounts with Greensboro College and ECSI will be reviewed** by the student accounts/collections office when this request is received.
- **If I owe a balance for my Greensboro College education, a transcript will not be released. The processing fee will be retained and applied to my balance if my transcript cannot be released for financial reasons.**
- Transcripts will **be produced within three (3) business days** of the registrar's receipt of properly completed and approved request forms. **Students wishing to take copies of their transcripts with them may be required to pick the transcripts up at a later date if the registrar's office is not able to immediately produce them.**

Your Name: _____
First                                 Middle/Maiden                        Last                      Other Names Used

_____
Street                                                City                          State                      Zip

Best Number to Reach You With Questions: _____

Student ID No. (or SSN if your ID is unknown) _____

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**Indicate Type of Transcript and Printing Instructions Here::**     ☑ Official Transcript

No of transcripts to be sent to the recipient listed below: _____

Transcript Should Be: ☐ printed immediately   ☐ printed AFTER grades are posted for current term

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**Indicate where the transcript should be sent; if you are taking the transcript with you, write SELF in the Recipient field.**

Transcript Recipient: _____

Address: _____ City _____ State _____ Zip _____

**By signing this form, I hereby authorize the production of my Greensboro College academic transcript as outlined above.**

_____        _____
Student's Signature                                                                        Date

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**Student Accounts Office:**     **Processing Fee Received: $ _____**          **ECSI Clearance:   YES   NO**

**Release of Transcript Approval By: _____     Date: _____**

**Registrar's Office:**     **Transcript Produced By: _____**          **Date Sent/Released _____**

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