

# Grays Harbor College TRANSCRIPT REQUEST

**(Please print this form)**

SSN\* \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ (Former Name) \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not presently enrolled, Last Quarter Attended: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Number of Copies requested: \_\_\_\_\_ Official: \_\_\_\_\_ Unofficial: \_\_\_\_\_

Send Now                       Send at end of quarter                       Send after graduation

Mail Transcript to : (Please complete one form for each address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I will pick the transcript up at the Student Records Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Pursuant to Public Law 93-579, Section 7(b), disclosure of your social security number is voluntary. Your social security number is used for purposes of employment, financial aid, research, assessment, accountability and/or transcripts.

### OFFICE USE ONLY

ID Checked: \_\_\_\_\_

Obligations checked: \_\_\_\_\_

Date Issued: \_\_\_\_\_

By: \_\_\_\_\_



Return to GHC

**Please return the completed form to:**

Grays Harbor College  
Office of Admissions & Records  
1620 Edward P. Smith Drive  
Aberdeen, WA 98520  
FAX: (360) 538-4293