



# GUAM COMMUNITY COLLEGE

DATE: \_\_\_\_\_

TO THE REGISTRAR OF: \_\_\_\_\_

NAME OF SCHOOL

MAILING ADDRESS

CITY

STATE

ZIP CODE

Please send one copy of my **OFFICIAL TRANSCRIPT** to the Registrar of Guam Community College at the address shown above. If there is any charge for issuing my transcript, please bill me. (Students should enclose payment if they know the transcript fee charged by their former school; most schools will not issue a free transcript.)

PLEASE PRINT OR TYPE ALL ENTRIES (Except signature)

NAME (LAST, FIRST, MIDDLE)	STUDENT ID NUMBER
OTHER NAMES USED (i.e. Maiden)	DATE OF BIRTH (DD/MM/YY)
MAILING ADDRESS	LAST ATTENDANCE
CITY STATE ZIP CODE	BIRTHPLACE

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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PLEASE DETACH AND RETURN TO GUAM COMMUNITY COLLEGE



GUAM COMMUNITY COLLEGE  
ADMISSIONS & REGISTRATION OFFICE  
PO BOX 23069 G.M.F.  
GUAM 96921-0307

TO THE REGISTRAR, GCC

**SUBJECT:** Transcript Request of: \_\_\_\_\_  
The Official Transcript of the above named student is enclosed  
There is NO RECORD of the above named student at this school.  
The transcript of the above named student cannot be release for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_

SCHOOL OFFICIAL'S NAME: \_\_\_\_\_  
SCHOOL OFFICIAL'S TITLE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SCHOOL'S OFFICIALS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_