

TRANSCRIPT REQUEST FORM

Last Name: GCC ID#: DOB:		First Name		me:
			Former Na	me:
Mailing Address:			City	State Zip Code
		C		he College. Please include receipt are charged separately.
Are you currently enrolled in GCC?		□Yes	\square No	Last Year Attended:
Check all that apply t	to your attendanc	e in the Colle	ege:	
•		High School □ Adult High School		1 0
□IBC □GIAT		$\Box \text{GED}$		☐Continuing Education (CE)
Transcript Options & Processing time does n		livery time.		
ТҮРЕ		PROCESSING TIME		COST PER COPY
Standard		Up to 5 working days		\$5.00
Rush		Up to 2 working days		\$15.00
Number of Copies Requested:				\square Standard
Special Instructions:				
\square Hold for Grades	\square Hold for	Degree Confe	erral	
Delivery Method (Tra	nscripts will only	be emailed or	faxed directly to th	e individual or authorized 3 rd party)
□ In person pick up (P	icture ID will be v	verified)		
□3 rd party pick up (Pic	cture ID will be ve	erified) Name:		
□Mail:				
Institution/Name:				
Address Line 1:				
		State:		Zip Code:
By signing below, I at	athorize the relea	se of my offic	ial academic trans	scripts to the party(ies) listed above.
Student's Signature:_				Date:
Admissions & Registr	ration and Busine	ess Office Onl	y:	
Date Received:	Tin	ne Received (1	Rush Only):	Paid:

UPDATED: November 2025