



Official Transcript Request Form

Please Print

GCC Student I.D.#	<input type="text"/>	Social Security Number:	<input type="text"/>
Last Name:	<input type="text"/>	Address:	<input type="text"/>
First Name:	<input type="text"/>	City:	<input type="text"/>
Middle Name:	<input type="text"/>	State:	<input type="text"/>
Home Phone:	<input type="text"/>	Birth Date:	<input type="text"/>
Currently Attending?	<input type="text"/>	If not, give year Graduated or attended:	<input type="text"/>
E-Mail Address:	<input type="text"/>		

Number of Copies:	<input type="text"/>	Check appropriate box:	
		<input type="checkbox"/> Send Transcript Now	
		<input type="checkbox"/> Send Transcript now and also send grade report at end of:	
		<input type="checkbox"/> First Semester	<input type="checkbox"/> Second Semester
		<input type="checkbox"/> Summer Session	<input type="checkbox"/> After Diploma Issued

Mail transcript to: (Must Provide Complete Address)

Name or Office	<input type="text"/>
Firm or School	<input type="text"/>
Street	<input type="text"/>
City and State	<input type="text"/>
Zip Code	<input type="text"/>

Transcript fee is \$5.00 per copy except for currently enrolled students at GCC.

By signing this form, I understand that federal law (FERPA) requires my original signature to release transcripts and transcript requests that do not include my original signature will not be processed. I understand that my official transcript will not be released if any financial obligations to GCC have not been satisfied. I understand that transcript requests received without correct fees will be returned to the sender.

Signature (Required for Release of Transcript): _____ **Date:** _____

Mail completed form and payment to:
Gogebic Community College
Attn: Transcript Processing
E4946 Jackson Road
Ironwood, MI 49938