Transcript Request Form

Please complete the following information and submit to the following address or fax:

Mail: Registrar's Office
Garden City Community College
801 Campus Drive
Garden City, KS 67846-9974

PHONE: 620-276-9530

FAX: 620-276-9650

Student Name: _____
Last First Middle

Other Names Used: (example: Maiden) _____

Social Security Number: _____-____-_____ **Date of Birth:** ____/____/___

Current Address: _____
Street Address and/or PO Box

_____ _____ _____
City State ZIP (+ 4)

Email Address: _____

Daytime Telephone: _____

Dates of Attendance: _____
Semester(s) and Year(s)

Number of Transcripts: (to be mailed to the address below) _____ ($7 per transcript)

Send Transcript to:

Name of School or Recipient _____
Attention: _____
Address _____
City/State/ZIP _____

Number of Transcripts: (to be faxed to fax number below) _____ ($7 per transcript)

FAX Number _____
FAX Attention Line _____
(NOTE: **Faxed** transcripts will be **UNOFFICIAL.**)

Indicate the following:(check one)

[___]Send transcript **NOW**/Before semester grades

[___]Hold for semester grades

[___]Hold until degree statement is on record

Method of Payment:(check one)

[___]Cash (enclose with request form)

[___]Check or Money Order (enclose with request form payable to GCCC)

[___]Credit Card (Discover, MasterCard, VISA accepted - circle one)

Cardholders Name _____

Card Number _____

Expiration Date _____

CID (card identification number) _____

The CID (card identification number) is a 3 or 4-digit code printed on the signature panel on the back of Visa, MasterCard and Discover Cards immediately following the credit card account number.

Student Signature: _____ **Date:** _____