Request for GCTC Academic Transcript

Please PRINT clearly and fill out form completely

NAME: _____
Last First Middle

Student ID or Social Security Number: _____ Phone: _____

Other name used on your records while attending our college (example: maiden or former): _____

Are you currently enrolled? Yes _____ No _____

If no, please give last year attended: _____ Academic Program attended: _____

Number of copies: _____

☐ **$5/ea transcript to be mailed**
☐ **$7/ea transcript to be processed on demand**
☐ **$10/ fax & mail hardcopy of transcript**

***Transcript services are withheld for any student who owes any KCTCS college money or property.**

☐ Mail Now ☐ Hold until current semester grades are posted ☐ Hold for credential to print on transcript

Payment Options/Processing Time

- Cash / Money order / Credit Card (within 3 business days)
- Check (transcripts paid with a personal check will be processed within 14 business days)

Please **PRINT** the **COMPLETE ADDRESS** or **FAX NUMBER** where you want your transcript(s) to be sent.

1. _____ 2. _____

_____ _____

_____ _____

_____ _____

Transcripts given to the student in any form are stamped "Issued to Student". Some institutions will not accept such transcripts.

In accordance with Federal law and KRS 164.283 records cannot be released without the written consent of the student.

I authorize the release of my academic record (transcript) to the organization or party listed on this request

Signature: _____ Date: _____

This form must be signed and returned to:

Attn: Registrar's Office
Gateway Community and Technical College
Student Service Center
790 Thomas More Parkway
Edgewood, KY 41017
Fax: (859) 341-6859

FOR OFFICE USE ONLY

Date Mailed: _____

Initials: _____

GCTC Equal Opportunity Employer & Education Institution