

# TRANSCRIPT REQUEST FORM

ATTENTION STUDENT

*Please complete this form and submit to the Registrar's Office at the school that you previously attended high school or college. You should contact the Registrar's office to inquire about transcript fees.*

STUDENT'S NAME \_\_\_\_\_  
(Name at time of attendance at school)

STUDENT'S CURRENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATES OF ATTENDANCE \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

 **Cut here** -----  -----  ----- **and mail**  .

## PLEASE RETURN WITH TRANSCRIPT

**Student's Name** \_\_\_\_\_  
(Name at time of attendance) *First name* *Middle* *Last Name*

**Student's Current Name** \_\_\_\_\_  
*First name* *Middle* *Last Name*

**Social Security Number**      \_ \_ \_ - \_ - \_ - \_ - \_

\_\_\_\_\_ **PLEASE MAIL TO:** \_\_\_\_\_  
**REGISTRAR**  
**Gateway Community and Technical College**  
**1025 Amsterdam Road**  
**Covington, KY 41011**