



PLEASE PRINT

# TRANSCRIPT REQUEST

Date of Request \_\_\_\_\_ Student ID Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Former

Address \_\_\_\_\_  
Number and Street or Post Office Box

City State ZIP Code

Home Telephone ( \_\_\_\_\_ ) Work Telephone ( \_\_\_\_\_ )

Currently Enrolled?  Yes  No

Unofficial Transcript  Number of copies \_\_\_\_\_

Official Transcript  Number of copies \_\_\_\_\_

**PLEASE CHECK:**

Mail transcript immediately

Will pick up transcript: \_\_\_\_\_

Hold for grades – end of semester: \_\_\_\_\_

Hold for grade change: \_\_\_\_\_ (Course Number \_\_\_\_\_)

GCC Graduate - Year: \_\_\_\_\_

Remarks: \_\_\_\_\_

**MAIL TRANSCRIPT TO:**

① \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

② \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Transcripts will not be released without the student's signature or if the student has an outstanding financial obligation to the College. This college does not release transcripts or copies of transcripts from other institutions.

Student Signature \_\_\_\_\_

**Allow up to 10 working days for processing.**  
*Germanna Community College does not charge for transcripts.*

**Office Use Only:** Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

2130 Germanna Highway, Locust Grove, VA 22508

**Locust Grove Campus**

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