

TRANSCRIPT REQUEST

— FOR CURRICULUM SEEKING STUDENTS ONLY —

NOTE: This form is to be sent to your high school or college, not back to the Office of Admissions and Records. **PLEASE PRINT.**

Please send my high school college transcript and any other test scores to: **Admissions & Records Office
Germanna Community College
2130 Germanna Highway
Locust Grove, Virginia 22508**

Date of Request: _____

Name: _____
Last First Middle Former

Address: _____
Number and Street or Post Office Box

City State ZIP Code

Daytime Telephone Number: (_____) _____

Student Number or Social Security Number: _____

Name of School Attended/Graduated: _____

Dates of Attendance: _____

Remarks _____

Signature of Applicant

ATTENTION TRANSFER STUDENTS: Please also complete a "Request for Evaluation of Transfer Credit" form.