

TRANSCRIPT REQUEST

- FOR CURRICULUM SEEKING STUDENTS ONLY -



NOTE: This form is to be sent to your high school or college. **PLEASE PRINT**

Please send my: VA GED Transcript High School College Transcript & 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.