

# TRANSCRIPT REQUEST

*Transcript Fee for previous GSC students is \$2.00 and must be included with each Transcript Request.*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Please send a copy of my transcript to:

Office of Admissions

Financial Aid Office

Other: \_\_\_\_\_

\_\_\_\_\_  
*(Name of College or Scholarship)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State Zip)*

\_\_\_\_\_  
*(Student Signature)*

**Additional Comments:**