GWINNETT TECHNICAL COLLEGE

RELEVANT KNOWLEDGE NOW

RECORDS RELEASE REQUEST

5150 Sugarloaf Parkway
Lawrenceville, GA 30043
Phone 770.995.9697
Fax 770.995.7903
ceinfo@gwinnetttech.edu

SSN/Student Identification Number _____ **Email address:** _____

Last Name: _____ **First Name:** _____ **MI:** _____ Maiden: _____

Street Address: _____ **Date of Birth**:_____

City: _____State:_____Zip: _____ **Daytime Phone**: _____

Official Transcripts - _____ **Certificates -**_____ **Number of Copies Requested** - _____ **Total Due** - $_____	**$10.00 Transcripts(10yrs. old or newer)** ***Same Day Delivery +$15.00*** **$35.00 Transcripts (over 10yrs. old)** **What classes did you take?** **Name of class(s) taken:** • _____ • _____ • _____ **Date of class(s):** _____ **Month/Year:** _____
Fax Phone Number: _____ Contact Name: _____	
Other Information *(Please describe the information you require.)*	

Issue Immediately(+$15):_____ **Mail to student's address above:** _____ **Mail to School Address Below**_____

_____ Student will pick up information on _____(***Allow a minimum of 48 business hours for processing.***

During peak periods, such as registration, commencement, and end of quarter, we may not be able to honor the 48 hour processing time.)

OR

_____ Mail form to the following:

Name _____

Street Address _____

City _____State: _____ Zip_____

Signature_____**Date**_____

Your signature, valid photo identification, and payment are all required to process this request.
This request will be accepted via fax, mail or coming into our office with proper identification/documentation.

Payment Method

_____ Cash, _____Check # _____ ◇Personal ◇Company (**NOTE**: A $30 fee charged for returned checks or stop payments.)
Company Billing PO #_____ (A copy MUST be attached)

Credit Card # _____ Exp. Date _____ AMEX ___ MC ___ Visa ___Discover ___
Printed Name of Card Owner_____ Signature _____

Gwinnett Technical College does not discriminate on the basis of race, color, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status or citizenship status (except as required or mandated by law).

GTC Continuing Education Office Use Only
Information Taken by: _____ Date Sent: _____ Receipt #:

Processed by:_____ ID Verified by:_____ Revised 5/2/2013