

1. Fax your completed form to GTC's digital fax line at (770) 685-1267 or mail to the address at the upper right of form.
2. No transcript will be furnished for any student whose financial obligations to Gwinnett Technical College have not been met.
3. No transcript will be furnished for any student with holds on the student account.
4. Every attempt is made to properly mail requests, but the institution can assume no responsibility for final delivery.

SSN/Student Identification Number _____ Email address: _____

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

Street Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____

FEE: There is a processing fee for each official transcript. Make check or money order payable to Gwinnett Technical College. Choose option for processing time, processing date, and delivery method.

- Same Day- \$25 per copy 72 Business Hours- \$5 per copy Fax Fee- \$3 (Additional fee) Hold for current grades- \$5 per copy
 Hold for degree- \$5 per copy

****During peak periods, such as registration, commencement, and end of semester, we may not be able to honor the 72 hour processing time**
 Grades are posted to student records approximately five business days after the close of each semester.**

<p>Official Transcripts Number of Copies Requested - _____</p> <p>GTC is only permitted to provide a Gwinnett Technical College transcript, not copies of transcripts sent by other colleges.</p>	<p>Fax Fee - \$3.00 per document</p> <p>Fax Number: _____</p> <p>Issue to: _____</p> <p><i>Documents are NOT official if faxed</i></p>
<p>Entrance Exam Scores / COMPASS Number of Copies Requested - _____</p> <p>Only scores of tests administered at GTC can be released</p>	<p>Other Information <i>(Please describe the information you require.)</i></p>

____ Student will pick up information OR _____ Send via US mail to address listed below***

Name _____

Street Address _____

City _____ State: _____ Zip _____

****Proof of ID required for pick up requests, delivery to non-college addresses, and faxes. Please attach a valid, legible photocopy of driver's license. Incomplete requests cannot be processed.**

Student Signature _____ **Date** _____

***Transcript will be sent electronically via escrip-safe if sent to a participating institution

PLEASE COMPLETE IF YOU WOULD LIKE TO PAY BY CREDIT CARD.

STUDENT AUTHORIZATION: I, _____ AUTHORIZE GWINNETT TECHNICAL COLLEGE TO CHARGE MY CREDIT CARD
 IN THE AMOUNT OF \$ _____.

I REQUEST THAT A TRANSCRIPT FOR THE STUDENT BE SENT TO THE ADDRESS SHOWN ABOVE.

TYPE OF CREDIT CARD: **VISA** **MASTERCARD** **DISCOVER** **AMERICAN EXPRESS**

CREDIT CARD NUMBER: _____ - _____ - _____ EXPIRATION DATE: _____
 (MM/YY)

NAME THAT APPEARS ON CREDIT CARD:
 PRINTED NAME: _____

SIGNATURE: _____