



Gavilan College
5055 Santa Teresa Blvd
Gilroy, CA 95020

TRANSCRIPT REQUEST

PLEASE PRINT

Admissions & Records

(408) 848-4733

Fax (408) 846-4940

STUDENT ID (G#)

or Social Security

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Currently Enrolled?
Yes No

Name _____

Last Name First MI Previous Last Name

Address _____

Street City Zip

Phone # (____) _____ Birth Date _____

Attended Gavilan ____ to ____ Email _____

From: Year Year

X _____

Student Signature Date

MAIL TO _____ DEPT. _____

Address _____

Street

City State Zip

Credit Card Information: Card # _____ - _____ - _____ - _____

MasterCard or Visa Exp. Date ____ / ____

Number of Copies

REGULAR* Mail Pick Up

Allow 4-6 working days for processing

*The first 2 copies of regular processing are free and must be ordered with this form. After that the cost is \$7 and needs to be ordered online.

HOLD REQUEST FOR:

- Final Grades for:
Semester _____ Year _____
- Grade Change:
Semester _____ Course _____
- Degree/Certificate to be posted
- Certification for IGETC CSU

Additional \$4 fee Allow 10-12 working days for processing

Other Colleges Attended:

IN GENERAL

- Transcripts are only issued with student's written authorization
- Transcripts from other schools/colleges cannot be duplicated
- To avoid delays, request transcripts well in advance of peak periods (end of term grading)

Office Use Only: Amt Due \$ _____ Amt. Received \$ _____ Prev. Copies _____ Request Rcvd _____