

TRANSCRIPT REQUEST

PLEASE PRINT



5055 Santa Teresa Blvd., Gilroy, CA 95020

Admissions & Records Office
phone: 408-848-4733 fax: 408-846-4940

STUDENT ID (G#)
or SOCIAL SECURITY #

G 0 0 [] [] [] [] [] [] [] []

NAME _____
Last Name First MI Previous Last Name

ADDRESS _____
Street City State Zip

PHONE NUMBER _____ BIRTH DATE _____

ATTENDED GAVILAN FROM _____ TO _____ CURRENTLY ENROLLED
Year Year

X _____
STUDENT SIGNATURE Date

SEND TO _____ DEPT. _____

ADDRESS _____
Street
City State Zip

CREDIT CARD INFORMATION: Card #: _____
MasterCard or Visa. Exp. Date: _____

NUMBER OF COPIES

REGULAR \$4 each MAIL PICK UP
Allow 10-12 working days for processing.

RUSH \$7 each MAIL PICK UP
Allow 2 working days for processing.

If you have **NOT** previously requested **TWO OR MORE** transcripts there is **NO CHARGE** for regular processing.

HOLD REQUEST FOR:

FINAL GRADES FOR:
SEMESTER (FA/SP/SU) _____ 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 can **not** be duplicated.
- To avoid delays, request transcripts well in advance of peak periods such as late registration.

OFFICE USE ONLY Amt. Due \$ _____ Amt. Received \$ _____ Prev. Copies _____ Request Rcvd. _____ Trans. Sent _____