

----- STUDENT REQUEST FOR ADVISING TRANSCRIPTS AND RECORDS -----

Submit this form to the Admissions and Records Office to request copies of your records to be sent to a Gavilan Counselor or academic department. Allow five working days for your request to be processed.

- Name of Student _____ Soc. Sec. # _____
- Other Names Used on Gavilan Records: _____ Tel # _____
- Dates of Attendance at Gavilan: from _____ to _____
- Counselor or Department to which records should be sent: _____
- Date of your counseling appointment or deadline: _____
- Records Requested: List the name used at the time the record was created
 - _____ Gavilan transcript • _____ Gavilan Ed Plan • _____ Gavilan Placement Assessment Scores
 - _____ High School Transcript or GED test (name while in high school) _____
 - _____ CLEP or Advanced Placement (name used at time of testing) _____
 - _____ Other College or University transcripts & name(s) used while there _____
 - _____
 - _____ Advanced Placement Scores (AP Tests) (name used at time of testing) _____
 - _____ Other (specify) _____

Student's Signature _____ Date _____

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