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.

☐ Records NOT in Xtender

- Name of Student: ___________________________________________________________ ID # G00 ____________________________
- Other names used on Gavilan records: _____________________________________________________________________________
- Dates of attendance at Gavilan: From: ____________________ To: ____________________
- Counselor or Department to which records should be sent: ____________________________
- Date of your counseling appointment or deadline: ________________________________

- Gavilan College Records Requested: ☐ Transcript    ☐ Placement Assessment Scores
- Other Records: Please write how your name was listed on the record if different than above.
  - ☐ High School transcript or GED test: ____________________________________________
  - ☐ CLEP or Advanced Placement (AP) test scores: ________________________________
  - ☐ Other college or university transcripts: _______________________________________
  - ☐ Other (specify): _______________________________________________________________________

Student's Signature: ___________________________       Date: ____________________