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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