GAVILAN COLLEGE
5055 Santa Teresa Blvd, Gilroy, CA 95020

Transcript Request Form

Request Received:_____

Admissions & Records
Phone: (408)848.4733
Email: admissions@gavilan.edu

Student ID(G#) G 0 0 ☐☐☐☐☐☐☐

Currently Enrolled? Yes or 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

☐ **Number of Copies**

REGULAR* ◯ Pick up Only

Allow 4-6 business 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 via Parchment

_____

HOLD REQUEST FOR:

☐ Final Grades for:
Semester _____ Year _____

☐ Grade Change:
Semester _____ Year _____

☐ Degree/Certificate to be posted

(*Allow 5 business days for processing)*

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: **Prev. Copies**_____ **Processed Request** _____