

# Transcript Request Form

Use this form for your first 2 copies which are free of charge.  
After that you must order them Online and the cost is \$7.

Phone: (408) 659-6321 or  
(408)848.4733 Email:  
jmorales@gavilan.edu

Request Received: \_\_\_\_\_

**Student ID(G#)  
Or Social Security**

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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

Credit Card Information (MasterCard or Visa)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<input type="checkbox"/>	Number of Copies
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**REGULAR\***

Mail

Pick Up **Not available**

Allow 10 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.

**HOLD REQUEST FOR:**

Final Grades for: Semester \_\_\_\_\_ Year \_\_\_\_\_

Grade Change: Semester \_\_\_\_\_ Year \_\_\_\_\_

Degree/Certificate to be posted

Certification for: **IGETC** **CSU**

**Additional \$4 fee**  
(Allow 10-12 business days for processing)

**Other Colleges Attended:** \_\_\_\_\_

**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: Amt. Due \$ \_\_\_\_\_ Amt. Received \$ \_\_\_\_\_ Prev. Copies \_\_\_\_\_

Request Rcvd \_\_\_\_\_

10/30/20