



# Request for transcripts

*choose Your Direction*

Name \_\_\_\_\_ Any Previous Names: \_\_\_\_\_

Last First

Student Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **OR**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_ Dates of last attendance \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Street or P.O. Box City State Zip

**SEND \_\_\_\_\_ COPY /COPIES OF MY TRANSCRIPT TO:**

Institution/Organization(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SEND NOW

SEND AT END OF TERM

## IMPORTANT:

- Transcript requests should be made at least **TWO WEEKS** before transcripts are needed.
- Every attempt is made to properly mail requested transcripts, but the college can assume no responsibility for final delivery.
- Transcripts are **WITHHELD** from any student who owes the college money or property.
- Transcripts are released only by a request **SIGNED** by the student.
- No fee required to process transcripts.

**Federal law requires student signature to authorize the release:**

X \_\_\_\_\_

Student Signature

Date

**Fax form to 256.549.8466 or mail to Records Office, P.O. Box 227 Gadsden AL 35902  
or email signed form to benders@gadsdenstate.edu**