Transcript Request Form

Records Office – GCC

Fill out form completely, enclose payment of $5.00 for each copy and send to:
Make checks payable to Genesee Community College.

Attn: Records Office
Genesee Community College
1 College Road
Batavia NY 14020

Please Print
Last Name _____ First _____ MI _____

Name while attending Genesee, if different than above _____

ID/SSN _____ Date of request _____

Transcripts will not be released without <u>student's signature</u>.

Signature _____

Address _____

City, State, Zip _____

Telephone number _____

Please send:

( ) *Official* copy **or** ( ) student copy
( ) send now **or** ( ) send at end of semester: **Fall Spring Summer** (circle one)

HOLD for: ( ) grades **and/or** ( ) degree awarded **Fall Spring Summer** (circle one)

Send transcript to: complete 1 request for each different address
(enter: name/institution and complete address to be sent)

<u>Paying by credit card:</u> Visa or MasterCard **(circle one)** Amount _____

Card number: _____ expire date _____

Name on card (please print) _____

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Office use only: ****** if credit/debit card is used, <u>remove the section above</u> before sending this form**
<u>Records</u>: Amount _____
payment: cash / check #_____ / debit/credit card / waive / resend date_____ initial _____

<u>Business Office</u>:
initial _____ fee _____ date _____