

REQUEST FOR TRANSCRIPT

Fill out completely, enclose payment of \$5.00 for each copy and send to:

ATTN: Records Office
Genesee Community College
1 College Road
Batavia, NY 14020

PLEASE PRINT!

Last Name: _____ First: _____ Middle: _____

Name while attending Genesee Community College, if different:

Social Security Number: _____

Date Requested: _____

Please Send:

Official Copy or Student Copy

Send Now or Send at end of semester

Hold for:

Grades Degree

Send Transcript to (give name and address of place to be sent):

Number of transcripts to send to this address: _____

TRANSCRIPTS WILL NOT BE RELEASED WITHOUT THE STUDENT'S SIGNATURE.

Signature: _____

Address: _____

City, State, Zip: _____

Phone Number: _____



Office Use:

Date issued: _____ Staff: _____ Fee: _____