

TRANSCRIPT RELEASE FORM REQUEST

TO: Office of the Registrar

FROM: _____
Name of Applicant

I hereby authorize _____
(Name of Institution)

to release an official transcript (with affixed embossed seal) to Guilford Technical Community College. Please send to:

Guilford Technical Community College
Attention: Human Resources
Post Office Box 309
Jamestown, NC 27282

PLEASE PRINT OR TYPE INFORMATION

Name (include maiden name):	
Current phone number:	
Social Security Number:	
Date(s) of Attendance:	
Current Address:	
Fee included:	\$

Signature of Applicant

Date

ISSUING INSTITUTION: PLEASE ATTACH THIS FORM TO THE TRANSCRIPT

Revised 6/2004