



4346 Secor Rd. Toledo, OH 43623 567-377-7010

TRANSCRIPT REQUEST FORM

Transcripts may be requested by mail or in person. All requested information must be completed.

Requested By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Year Graduated: _____ Student # _____ Birthdate _____

Social Security # _____ License or State ID# _____

Phone #: _____ (GTC will call to confirm credit card information)

I am requesting the following (Check all that apply):

- A Non-Official Transcript (no fee)
- An Official Transcript -\$7.50 fee must accompany this form
 - Request Official Transcript in a sealed envelope (see fee above)
 - Request Official Transcript to be sent to the following (see fee above):

Mail to: _____

Company/School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

In order to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA) all transcript orders require authorization. Your signature is required:

Signature: _____ Date: _____

Fee Received by: Cash _____ Check # _____ Credit Card _____ Rev. 4/16