

Grays Harbor College TRANSCRIPT REQUEST

(Please print this form)

SSN* _____

Last Name _____ First Name _____ Middle _____ (Former Name) _____

Street _____ Apt. _____ City _____ State _____ Zip _____

If not presently enrolled, Last Quarter Attended: _____ Last Year Attended: _____

Number of Copies requested: _____ Official: _____ Unofficial: _____

Send Now Send at end of quarter Send after graduation

Mail Transcript to : (Please complete one form for each address)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I will pick the transcript up at the Student Records Office.

Signature _____ Date _____

*Pursuant to Public Law 93-579, Section 7(b), disclosure of your social security number is voluntary. Your social security number is used for purposes of employment, financial aid, research, assessment, accountability and/or transcripts.

OFFICE USE ONLY

ID Checked: _____

Obligations checked: _____

Date Issued: _____

By: _____



Return to GHC

Please return the completed form to:

Grays Harbor College
Office of Admissions & Records
1620 Edward P. Smith Drive
Aberdeen, WA 98520
FAX: (360) 538-4293