



Transcript/Test Score Request Form

Gateway Technical College

District Records Office

1001 S. Main Street

Racine, WI 53403

PH. (262) 619-6214/ FAX (262) 619-6657

Due to the Family Rights and Privacy Act of 1974 the student's signature is required for release of transcript.

PART 1 Gateway Technical College Transcript Request
 (If you are ordering or picking up a transcript in person, you will be required to present a photo ID.)

Mail transcript to: (complete name & address, please) _____

Please check :

College Credits GED/HSED
 Adult High School Apprenticeship
 Adult Continuing Education

Mail the transcript now
 Mail the transcript after final grades

Fax transcript before mailing to: _____

 (fax #)

Number of transcripts ordered _____ **Fees:** \$5.00 per transcript – 5-7 working days for processing
 \$20.00 same day and faxed transcripts. Requests for same day
 service (may not always be available) must be made before 2 p.m.

A transcript provided to the student is noted "Issued to Student". The envelope will be stamped across the seal to signify that it was sealed in the Records Office.

PART 2 Student information. PLEASE PRINT

Name: _____ Student ID #: _____

Prior Name(s): _____ Social Security #: _____

Mailing Address: _____
 Address City State Zip

Phone Number: _____ Date of Birth: _____

Dates I attended the school: _____ to _____ Program _____ Did you graduate? Yes / No

Signature: _____ Today's Date _____

Placement Test Scores (no charge)

Mail to: _____

Credit Card Information

Type: (circle one)

Master Card Visa Discover American Express

Expiration date _____

Records located in: C F Date Released: _____ Payment Received: _____ by _____