



0343405

Official Transcript Request

Gateway Technical College
Registrar's Office
1001 S. Main Street
Racine, WI 53403
Phone: (262) 619-6214
Fax: (262) 619-6657



For Office Use Only	
Registrar's Office – records located in:	
C	F
Date Released:	_____
Payment Received:	_____
By:	_____

PLACE YOUR ORDER (CHECK ALL THAT APPLY):

- | | | |
|--|--|--|
| <input type="checkbox"/> College Credits | <input type="checkbox"/> Adult High School | <input type="checkbox"/> Adult Continuing Education |
| <input type="checkbox"/> GED/HSED (Earned prior to January 1, 2014 ONLY) | <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Include Placement Test Scores |

PLEASE SELECT DELIVERY METHOD, FEE AND TERMS:

Same Day requests must be received before 3:30pm, and may not always be available.

- Send via U.S. Mail (Allow 5 business days for processing plus mailing time) - \$7.00
- Pick-up (photo ID required) - \$20 (\$7.00 for each additional copy). Note: Transcripts provided to students are sealed but marked "Issued to Student".
- Fax (and then mail) - \$20 (\$7.00 for each additional copy) Fax # _____ Attn: _____

MAIL TO:

Name/College/ Business/Organization (if applicable) _____	<input type="checkbox"/> Mail now
Attn: or Department _____	<input type="checkbox"/> Mail transcript after final grades are available
Street Address _____	<input type="checkbox"/> Mail after credential is posted (e.g. degree, certificate)

City _____ State _____ Zip _____ **_____ TOTAL # OF TRANSCRIPTS ORDERED**

STUDENT INFORMATION (please print)

Student ID or Social Security # _____

Student Name: _____ Prior Name(s): _____

Street Address: _____

City: _____ State/Zip: _____

Phone _____ Date of Birth: _____

Did you graduate? Yes No Did you attend before 1984? Yes No

Student Signature: _____ Today's Date _____

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

SUBMIT & PAY OPTIONS:

- In Person - Submit form in Student Services (Kenosha, Racine or Elkhorn). Cash, check, money order, or credit card required.
- Mail - Include check, money order, or credit card information
- Fax - Fax completed form to Registrar's office at (262) 619-6657. Credit card payment required

For fax or mail requests paid by credit card:

Type of card (circle one): MasterCard Visa Discover American Express

Card Number: _____ Expiration Date: _____ CVV # _____