



college.Gather4Him.net Phone: (509) 420-4545 E-Mail: alice@gather4him.net

## Transcript Request Form

Date of request: \_\_\_\_\_

Number of transcripts requested:

\_\_\_ Official (\$5.00 per copy)

\_\_\_ Un-official

\_\_\_ Total

### Student Information:

Student I.D.#:	Birth Date:	Last year attended:
Name (Last, First, M.I.):		Previous Last Name:
Mailing Address:		
City/State/Zip:		
Phone Number: (    )		
Email:		

### Send Transcript To:

Name:	Name:
Address line 1:	Address line 1:
Address line 2:	Address line 2:
City/State/Zip:	City/State/Zip:
Fax Number:	Fax Number:

### Authorization:

I authorize Gather4Him Christian College to send a transcript of my academic record to the destination (s) indicated on this request. I understand that G4HCC cannot accept responsibility for transcripts lost in the U.S. Mail system.
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Staff Use Only: Payment Received: \_\_\_\_\_ Date: \_\_\_\_\_

Transcript Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Pick-up or Mailing Date: \_\_\_\_\_