

Please provide all requested information including signature. Missing information can delay processing. Transcripts are mailed to the specified destination within three business days. **Only ONE transcript destination per form. If you elect to have transcripts sent to your address, the transcript might not be considered "official."**

PROVIDE ONE OF THE FOLLOWING:

W _____ OR _____
Student ID Last 4-digits of Social Security #

Last Name First Name Maiden Name (if applicable)

Email Birthdate (mm/dd/yyyy) 10-digit Phone Number

- Check here if you are requesting a **Workforce Training Non Academic Credit Transcript**.
- Check here if you attended prior to 1969 [Additional processing time is required.]
- Check here if this is a "Student Pick-Up" sealed transcript. (Please note: not all schools accept sealed student issued transcripts).

Number of copies: _____ (Limit 10)

Send to:

Name Department

Address

City State Zip

Signature

Date

Complete this form and either:

- 1) Fax to: (616) 234-4204
- 2) Send or deliver to:

Student Records Office
Grand Rapids Community College
143 Bostwick Ave. NE
Grand Rapids, MI 49503