REQUEST FOR TRANSCRIPT OF CREDITS

Send this form to any college(s) you have attended to request an <u>official transcript</u> of your academic record. If you have never attended a college, you should send this request form to your high school. GED recipients should furnish the Admissions office a copy of you GED scores.

TO THE REGIS	TRAR:		
	Name of Sch	nool	
	Address		
	City	State	Zip Code
Please send two	(2) copies of my transcrip	t to:	
ADMISSIONS OFFICE GADSDEN STATE COMMUNITY COLLEGE P.O. BOX 227 GADSDEN, AL 35902-0227 PLEASE INDICATE MY CURRENT LA SOCIAL SECURITY NUMBER ON MY		GADSDEN STATE COMMUNITY COLLEGE P.O. BOX 227 GADSDEN, AL 35902-0227 ST NAME, GRADUATION DATE, AND	
I attended your institution from		to	
First	Middle	Maiden	Last
DATE OF BIRT	RITY NUMBER H		
C	ity	State	Zip
Signature			