



GATHER 4 HIM

CHRISTIAN COLLEGE

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: |
| Email: | Email: |

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.

Student Signature: _____ Date: _____

For Office Staff Use Only: Payment Received: _____ Date: _____

Transcript Request Received by: _____ Date: _____

Expected Pick-up or Mailing Date: _____