



Great Bay
Community College

320 Corporate Drive
Portsmouth, NH 03801
Phone: (603) 427-7610
FAX: (603) 334-6308

Authorization To Release Academic Transcripts

Allow a Minimum of Two (2) Working Days for Processing

TRANSCRIPT REQUEST POLICY:

1. First and second requests are free. Subsequent transcripts are \$3.00 each. There is an additional \$5.00 fee for faxing requested transcripts.
2. The College reserves the right to withhold, deny or cancel any transcript request due to financial holds and fees due for any course, program of study or degree or for any other reason.

INSTRUCTIONS: Please print form: Fill out ALL required information, sign and mail or FAX to the address above.

REQUESTOR INFORMATION:

Date of Birth: ____/____/____ Student ID or SSN*: _____

Current Name: _____

Name while attending (if different than above): _____

Address: _____

STREET CITY STATE ZIP

Home Phone: () _____ - _____ Dates Attended: _____

ENROLLMENT STATUS:

Currently Enrolled Former Student Program: _____

TRANSCRIPT ACTION:

Official Transcript Unofficial Transcript

Check One:

- Mail transcript
- Student will pick up
- Hold for current semester final grades
- Hold until notation of degree posted

Number of Copies: _____

Send Transcript To:

Write on Back for Additional Addresses

** The college will ensure the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws or applicable policies.*

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

1st Copy Free: _____ Amount Received: \$ _____ Payment Processed By: _____

2nd Copy Free: _____ Date Processed: _____ Fulfilled By: _____

CREDIT CARD PAYMENT AUTHORIZATION

Type of Credit Card (Circle One): VISA MC DISC **Expiration Date:** _____

Card # _____