

Section 1: Student Information		
CGCC Student ID # (if known)	Date of Birth	Phone Number
Student's Full Name		What Year(s) attended
Other name(s) student may have used while at CGC	C	
Students Mailing Address (House # & Street or PO Box)		
City, State, ZIP		
Student Signature		
*STUDENT SIGNATURE REQUIRED unless sent digital	lly from your student email	account
Section 2: Requested Transcript Quantities	s and Recipients:	
Please mail my official transcript(s) to the following	- attach additional sheets if	necessary (Emailing transcripts is NOT an option)
Quantity Requested	Quantity Re	equested
Name or College	Name or Co	llege
Mailing Address	Mailing Add	dress
City/ST/Zip		
Section 3: Mailing and Hold Options	City/ST/Zip	
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Section 3: Mailing and Hold Options	City/ST/Zip	
Section 3: Mailing and Hold Options Mail As Soon As Processed Ty	City/ST/Zip	ademic Classes □ CEU or Non-Credit Training (NCTC)
Section 3: Mailing and Hold Options Mail As Soon As Processed Ty OR Hold for the following (select as many as apply) Grade Change Current Term Grades Degree No	City/ST/Zip	ademic Classes □ CEU or Non-Credit Training (NCTC)
Section 3: Mailing and Hold Options Mail As Soon As Processed Ty OR Hold for the following (select as many as apply) Grade Change Current Term Grades Degree No Section 4: Payment Options Official transcripts provided free of charge (allow	City/ST/Zip pe of Transcript: □ Regular Aca station □ Phi Theta Kappa No	ademic Classes □ CEU or Non-Credit Training (NCTC) tation □ Core Transfer Map Notation
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