



GCS Transcript Request Form

Name _____ Soc Sec # _____ - _____ - _____

Phone (_____) _____ Email _____ Birth date ____/____/____

Address _____ City _____ State _____ Zip _____

Fees: Regular \$10.00 per copy (incl. first class mail) Rush \$25 per copy (express mail)

Fees may be paid by check/money order or by credit card.

Mail transcript to above address

Mail transcript to:

Mail transcript to:

Credit Card Payment:

Master Card Visa American Express Discover Amount Paid \$ _____

Acct. #: _____ - _____ - _____ - _____ EXP: ____/____ Security Code: _____

Name as it appears on the card: _____

Transcript Policies

- For security purposes, we do not fax out transcripts. We issue official transcripts only.
- Processing time is the time it takes our office to prepare your transcript, normally within 5 business days. This does not include mailing time.
- We cannot guarantee your transcript's arrival or the time it will take to reach its destination once it has left our office.
- Transcripts issued to the student will be stamped with "Issued to Student in Sealed Envelope. Unofficial If Seal Is Broken."
- Transfer credit will be included on transcripts, but transfer credit grades are not included.
- Every transcript is checked for accuracy. It is the student's responsibility to direct concerns and discrepancies to the Registrar within 90 days of the transcript request.

I have read and agree to the transcript policies and procedures listed on this form, and I understand that for identification purposes my transcript includes my social security number and birth date.

Student Signature

Date

Form can be submitted by Mail, Fax, or Email
Registrar
Grace Communion Seminary
3120 Whitehall Park Drive
Charlotte, NC 28273-3335

Email: registrar@gcs.edu
Fax: (844)350-3419

Office Use Only

Received: _____
Amt. Paid: _____
Date Sent: _____