

TRANSCRIPT REQUEST FORM

REGISTRATION & RECORDS OFFICE
GLEN OAKS COMMUNITY COLLEGE
62248 SHIMMEL ROAD
CENTREVILLE, MI 49032



REQUESTED BY: PLEASE PRINT

Name _____

Address _____

City, State Zip _____

SOCIAL SECURITY NO: _____

MAIDEN/FORMER NAME: _____

DATE OF BIRTH: _____

SIGNATURE: REQUIRED _____

PHONE# _____

TODAY'S DATE _____

____ Number of Official Copies

____ Number of Student Copies

____ Send Transcript Immediately

____ Hold For Current Semester's Grades

____ Send After Degree/Certificate is Posted

____ PTK Member

PAYMENT

Student copies are free.

Your first 3 official copies are free

*Each additional copy is \$3.00

Please remit fee with request form.

SEND TRANSCRIPT TO: PLEASE PRINT

Name _____

Attn: _____

Address _____

City, State Zip _____

FOR REGISTRATION/RECORDS USE ONLY

AMOUNT PAID

AMOUNT DUE

DATE MAILED

CHARGE: ___ DISCOVER ___ MASTERCARD ___ VISA ___ AMEX

***Beginning April 2017 all credit and debit card transactions will be assessed a service fee of 2.75%**

Name as it appears on card _____

Card # _____ Security Code _____

Expiration Date (month/year) _____

You can submit the completed Request for Transcript Form in person to the Registration & Records Office, by mail to the address above, by fax to 269-467-9068, or by email to transcripts@glenoaks.edu. If you need to contact the Registration & Records office you can call 269-467-9945 or toll free 1-888-994-7818.