



**GUAM COMMUNITY COLLEGE
ADMISSIONS & REGISTRATION OFFICE
P.O BOX 23069
G.M.F., GUAM 96921-0307**

DATE: _____

TO THE REGISTRAR OF: _____

NAME OF SCHOOL

MAILING ADDRESS

CITY STATE ZIP CODE

Please send one copy of my OFFICIAL TRANSCRIPT to the Registrar of Guam Community College at the address shown above. If there is any charge for issuing my transcript, please bill me. (Students should enclose payment if they know the transcript fee charged by their former school; most schools will not issue a free transcript.)

PLEASE PRINT OR TYPE ALL ENTRIES (Except signature)

NAME (LAST, FIRST, MI)			STUDENT ID NUMBER
OTHER NAMES USED (ie, MAIDEN)			DATE OF BIRTH (MM/DD/YY)
MAILING ADDRESS			LAST ATTENDANCE
CITY	STATE	ZIP CODE	BIRTHPLACE

STUDENT'S SIGNATURE: _____

PLEASE DETACH AND RETURN TO GUAM COMMUNITY COLLEGE



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TO THE REGISTRAR, GCC:

SUBJECT: Transcript Request of: _____

<input type="checkbox"/>	The Official Transcript of the above named student is enclosed.
<input type="checkbox"/>	There is NO RECORD of the above named student at this school.
<input type="checkbox"/>	The transcript of the above named student cannot be release for the following reason(s): _____

SCHOOL OFFICIAL'S NAME _____

SCHOOL OFFICIAL'S TITLE _____

SCHOOL _____

ADDRESS _____

SCHOOL OFFICIAL'S SIGNATURE _____ DATE: _____