Great Bay Community College

320 Corporate Drive
Portsmouth, NH 03801
Ph (603) 427-7600 Fax (603) 334-6308

AUTHORIZATION TO RELEASE TRANSCRIPT

I hereby request and authorize Great Bay Community College to release a copy of my transcript for the following purpose:

Please Circle: Official (For further education/licensure/military)
Unofficial (For personal use, employment)

Enrollment Status: Attendance Period: From _____ To _____

Transcript Action (Please choose one):

_____ Hold for current Semester Grade

_____ Mail Transcript

_____ Pick Up, College Services One Stop

MAIL TRANSCRIPT TO: Institution/Company: _____

ATTN: _____

Street/PO Box: _____

City/State/Zip: _____

Student Name: _____

Student ID #: _____Telephone #: _____

Current Address: _____

Student Signature: _____ Date: _____

Allow a Minimum of Five (5) Working Days for Processing

Fee: First Two = No Charge
Additional Transcripts = $3.00 each
Fee for Faxing = $5.00

For Office Use Only: **Date Rec'd:**_____
Receipt #: _____
Initials: _____