



GLOUCESTER COUNTY INSTITUTE OF TECHNOLOGY

1360 TANYARD ROAD • SEWELL, NJ 08080 • 856-468-1445 • FAX: 856-468-1035

TRANSCRIPT REQUEST FORM

PLEASE PRINT CLEARLY

Name of Student: _____ Date Requested: _____
(If a graduate, please provide name used while enrolled at GCIT.)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Program: _____

Current Grade *(Please circle)*: 9 10 11 12

or

Graduate: Year of Graduation: _____ *or* Last Date of Attendance: _____

Transcript Release Permission

I, _____, authorize/request GCIT to release an official current copy of my high school transcript and schedule (including any RCSJ scheduled classes) to the institutions/individuals indicated.

Student Signature: _____ Date: _____

If you have sent a request to your guidance counselor to upload your transcript in Common App., do you give them permission to do so? Yes _____ No _____

Please mail my official transcript(s) to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

The completed form can be faxed to (856) 468-3571 or emailed to one of the following:

lpotrzuski@gcecnj.org (for GCIT High School students)

dmcintyre@gcecnj.org (for GCIT Post-Secondary or Adult High School students)

Please allow at least 48 hours for processing.

For Office Use Only (Date Completed): _____