



# 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Program: \_\_\_\_\_

Attended as *(please mark correct box)*:  High School Student  Adult/Post-Secondary Student

Current Grade *(please mark correct box)*:  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 to the following name and address **or** send a copy of my transcript via email to the email address provided:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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): \_\_\_\_\_