REQUEST FOR **OFFICIAL** TRANSCRIPT TO BE MAILED

Student Name (print) CHECK THE BOX THAT APPLIES:	Graduating Class ofege application electronically. ner than a college. GCC GCC-North
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Student Name (print) CHECK THE BOX THAT APPLIES: I have submitted college application by mail. I need official transcript mailed to somewhere other than those listed below or oth (Please note below where you want the transcript mailed) CHECK THE APPROPRIATE BOX(S) THAT YOU WANT YOUR TRANSCRIPT SENT TO: ASU-Tempe ASU-West UofA NAU GCU	Graduating Class ofege application electronically. ner than a college.
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Student Name (print)	
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Date Sent by Records Specialist Records Specialist Initials REQUEST FOR OFFICIAL TRANSCRIPT TO BE MAILED	
Office Use Only	
Student Signature:	Date Requested:
Mailing Address:	
University/College Name:	
OR: If the institute is not listed above please provide the following information:	_ _
ASU-Tempe ASU-West UofA NAU GCU GCC	GCC-North
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