Transcript Request Form

Instructions: **To send Gateway Technical College transcripts, complete Parts 1 and 2.**
To request transcripts from other institutions, complete Parts 2 and 3.

PART 1 **Gateway Technical College Transcript Request**
(If you are ordering or picking up a transcript in person, you will be required to present a photo ID.)

Mail transcript to (complete address, please):

_____
_____
_____
_____

Please check :
- ☐ College Credits
- ☐ GED/HSED
- ☐ Adult High School
- ☐ Apprenticeship
- ☐ Adult Continuing Education

Processing Instructions:
Number of transcripts to be sent to this address: _____
- ☐ Fax transcript before mailing to: _____ (Fax #)
- ☐ "Issued to Student in Sealed Envelope" transcript
- ☐ Mail the transcript now
- ☐ Mail the transcript after final grades
- ☐ Hold transcript for pick-up on _____ (Date)

A transcript provided to the student is marked "Issued to Student". You may request an "Issued to Student in Sealed Envelope" transcript if you are required to provide your transcript in a sealed envelope to a third party. The envelope will be stamped across the seal to signify that it was sealed in the Records Office.

Fees: $5.00 per transcript request. Requests are processed in the order they are received. Please allow 5-7 working days for processing. $20.00 for same day and faxed transcripts. Requests for same day service (may not always be available) must be made before 2 p.m.

PART 2 **Student information. This section must be filled out completely and legibly for all requests.**

Name: _____ Student ID #: _____

Prior Name(s): _____ Social Security #: _____

Mailing Address: _____
Address City State Zip

Phone Number: _____ Date of Birth: _____

Dates I attended the school: _____ to _____ Program _____ Did you graduate? Yes ○ / No ○

Signature: _____ Today's Date_____

PART 3 **Request for transcript to be sent to Gateway Technical College.**

Please send a transcript from _____ **to the Gateway campus listed below.**

MARY HALBERSTADT
DISTRICT CERTIFICATION OFFICER
GATEWAY TECHNICAL COLLEGE
3520 - 30 AVE
KENOSHA WI 53144

The Gateway Technical College program I am enrolling in is: _____
Student: Send this request and any fee required to your high school or college to request transcripts.
Sending Institution: Please enclose the yellow copy of this form with the official transcript. The white copy is for your records.

For Office Use Only:
Records located in: C F Date Released: _____ Payment Received: _____ by _____