



GOVERNOR'S SCHOOL FOR THE ARTS

TRANSCRIPT REQUEST FORM

DATE OF REQUEST: _____

*PLEASE NOTE IT WILL TAKE 3 WORKING DAYS FROM THE DATE THIS FORM IS DELIVERED TO THE OFFICE TO PROCESS ALL REQUESTS.

NAME: _____

DEPARTMENT: _____

NUMBER OF TRANSCRIPTS NEEDED: _____

CHECK ONE:

- I WILL PICK UP MY TRANSCRIPT(S) IN THE GSA MAIN OFFICE
- RETURN MY TRANSCRIPT(S) THROUGH MY DEPARTMENT CHAIR
- MAIL MY TRANSCRIPT(S)*

* PLEASE PROVIDE AN ADDRESSED AND STAMPED ENVELOPE FOR EACH INSTITUTION. OTHERWISE, TRANSCRIPTS WILL BE SEALED AND RETURNED TO YOU THROUGH YOUR DEPARTMENT CHAIR

OFFICE USE ONLY:

REC'D:

COM'D:



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