

Transcript Request Form

Please complete the information below and select the submit button. You will receive an email when your transcript has been sent. **Please note: record of college credits acquired through the SLU 1818 Program must be requested through SLU.**

Student/Graduate Name _____

Years Attended GCHS _____

Graduation Month/Year (If Applicable) _____

Reason for transcript request

- ☐ College Application ☐ New Employment ☐ College Transfer
☐ Insurance Discount ☐ Scholarship Application ☐ Other: _____

Where to send the transcript:

Please include the name/address/email address to where the transcript should be sent.

1. _____

2. _____

3. _____

4. _____