

## Request for GCTC Credential Reprint

**Please PRINT clearly and fill out form completely**

Name: \_\_\_\_\_  
Last
First
Middle

Student ID or Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Name used on your records while attending our College (maiden or former name) \_\_\_\_\_

Are you currently enrolled?     Yes     No

If no, please give last year attended: \_\_\_\_\_ Academic Program Attended: \_\_\_\_\_

Number of Credentials to be Reprinted: \_\_\_\_\_ **\$20.00 per each Credential Reprint Total** \$ \_\_\_\_\_

**\*Services are withheld for any Student who owes any KCTCS college money or property.**

Mail to Address on Record     Hold for Pick-Up

Please **PRINT the STUDENT'S COMPLETE ADDRESS** where you want the credential to be sent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment Options / Processing Time**

- Payment should be submitted to the Gateway Business Office and be stamped **PAID** on the completed Request for GCTC Credential Reprint Form.
- Credential Reprints are only ordered with the current Graduate Applications each Term and submitted to the College Printing Vendor. The reprint credential may take 6-8 weeks from the date of submission to be received.

In accordance with Federal Law and KRS 164.283 records cannot be released without the written consent of the student. I authorize the reprint of my academic credential(s).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be signed and returned to: **Gateway Community & Technical College**  
**Attn: Registrar's Office**  
**790 Thomas More Parkway**  
**Edgewood, KY 41017**  
**Fax: (859) 442-1107**

<b>For Office Use Only</b>
Date Recd: _____
Initials: _____