

## Records Request Form

**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 (example: maiden or former): \_\_\_\_\_

Are you currently enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_

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

- Unofficial High School transcript
- Unofficial GED
- Unofficial College transcript (specify the college) \_\_\_\_\_
- Unofficial Gateway transcript
- Unofficial other records from your student file

\_\_\_\_\_ Number of pages requested                      \_\_\_\_\_ Total number of pages copied

**All copies will be \$.10 (10 cents) a page and will be processed on demand (Monday – Friday 8:30 a.m. – 4:00 p.m. ONLY)**

**\*Transcript services are withheld for any student who owes any KCTCS college money or property.**

**Payment Options/Processing Time**

- Cash / Money order / Credit Card (within 3 business days)
- Check (transcripts paid with a personal check will be processed within 14 business days)

In accordance with Federal law and KRS 164.283 records cannot be released without the written consent of the student.

I authorize the release of the above mentioned records

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

**This form must be signed and returned to:**

**Attn: Registrar's Office  
 Gateway Community and Technical College  
 Student Service Center  
 790 Thomas More Parkway  
 Edgewood, KY 41017  
 Fax: (859) 442-1107**

**FOR OFFICE USE ONLY**

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

Initials: \_\_\_\_\_