Transcript Request Form

Grossmont College
Admissions and Records Office
8800 Grossmont College Drive
El Cajon, CA 92020
Phone: (619)644-7186 - Fax (619)644-7933

Student ID or SSN: ___________________ Phone Number: ___________________
Last Name: _________________________ First Name: _________________________
Previous name used: __________________ Date of birth: ______________________

Last semester of attendance: ☐ Fall ☐ Spring ☐ Summer ☐ Year: ___________
☐ Send Now ☐ Hold for final grades ☐ Hold for degree posting

Student is responsible for complete mailing address

MAIL TO: No. or copies: ______________
Name: ______________________________
Address_1: __________________________
Address_2: __________________________
City: ______________ State: __________ Zip Code: __________

MAIL TO: No. or copies: ______________
Name: ______________________________
Address_1: __________________________
Address_2: __________________________
City: ______________ State: __________ Zip Code: __________

*The first two official transcripts EVER are free. (3-5 Business days)

Student's Signature: __________________ Current Date: __________

If you are paying by Credit card, call the cashier (619) 644-7660 with your credit card information, you will be issued a confirmation number that you need to include in your request to the Admissions and Records office.

☐ $3.00 3-5 Business Days
☐ $5.00 Two Business days

Payment amount: ________________
Confirmation #: __________________
Payment Date: _________________

Office use only

Amount Due: ______________ Date received: __________ Initial: __ Date sent: __________