



**OFFICIAL TRANSCRIPT REQUEST – HB 171**

All transcripts released to students are stamped "ISSUED TO STUDENT". If possible, the transcripts may be delivered through the Florida Automated System for Transferring Educational Records (FASTER). If we are unable to send it through FASTER, official transcripts will be mailed directly from GCSC to the institution or address listed below. Transcripts WILL NOT BE RELEASED if there are any restrictions on the student records.

This form is for Active Duty Members, spouses or dependents or Honorably Discharged Veterans of the Armed Forces of the United States. Proof of this status and a copy of a photo bearing ID must accompany this request.

**My Status is: (Select one of the 2 options below.)**

\_\_\_\_\_ **Active Duty Member** – A copy of your orders must accompany this request.

- **Spouse** - A copy of your spouse’s orders must accompany this request. If your name is not on your spouse’s orders, then you must provide a copy of your marriage certificate or recent tax return in addition to the orders.
- **Dependent** - A copy of the service member’s orders must accompany this request. If your name is not on the orders, then you must provide a recent tax return.

\_\_\_\_\_ **Honorably Discharged Veteran (Member 4)** – A copy of your DD-214 must accompany this request.

**Mailing Address:** Gulf Coast State College  
Office of Enrollment Services  
5230 West US Highway 98  
Panama City, FL 32401-1058  
**FAX:** 850.913.3308

**STUDENT INFORMATION SECTION**

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

Student ID Number: \_\_\_\_\_ OR Last 4 of SSN **and** DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are you Currently Enrolled? \_\_\_\_\_

If not, what name did you previously attend under? \_\_\_\_\_

Last Year Attended: \_\_\_\_\_ (approximate)

**INSTITUTION/ORGANIZATION WHERE YOU WOULD LIKE YOUR TRANSCRIPT SENT**

(only one request per form)

Please write the complete school or business address where you would like us to mail your transcript or indicate **ISSUE TO STUDENT** in the space provided if you would like your transcript mailed directly to you.

OR

\_\_\_ Issue to Student  
Mail Copies to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Issue to Institution or Organization  
Mail Copies to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT SIGNATURE**

All requests for transcripts must be signed by the student.

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

This form needs to be completed and FAXED, mailed or dropped off in person in the Office of Enrollment Services. There is an after-hours drop box located outside of this building also.