Boston

Transcript Request Form

Student Name: _____
Last First Middle

Maiden Name: _____
(if applicable) Last First Date of Birth

Signature: _____

Current Home Address: _____

City:_____State:_____Zip:____

Contact #:_____Email:_____

Number of copies Requested:_____ Dates enrolled:_____

Transcript Destination

Pickup at school: _____

Mail to:

Address 1:_____

Address 2:_____

Address 3:_____

Transcripts are legal documents and your privacy rights as a student are protected under the Federal Family Rights and privacy Act of 1974. Therefore, Gibbs College (Boston) will only release transcripts upon receiving a written request from the student. **This request may be made in person, mail or email at toshea@gibbsboston.edu.**

The written consent of the student is required before personally identifiable information from education records of that students may be released to a third party, except for those disclosures referenced above, disclosures to accrediting commissions and government agencies, and other disclosures permitted by law.

Registrar Signature _____
Date Processed _____