



Great Bay
Community College

320 Corporate Drive
Portsmouth, NH 03801
Phone: (603) 427-7610
FAX: (603) 334-6308
AskGreatBay@CCSNH.edu

OFFICIAL TRANSCRIPT REQUEST FORM

Allow a Minimum of Two (2) Working Days for Processing

STUDENT INFORMATION:

Date of Birth: ____/____/____

Last 4 of SSN: _____

Current Name: _____

Name while attending (if different than above): _____

Address: _____

STREET

CITY

STATE

ZIP

Primary Phone: () _____ - _____ Approx. Dates Attended: _____

Email Address: _____

TRANSCRIPT INFORMATION

Transcripts will not be issued if you have any outstanding financial obligations with Great Bay Community College or any Community College System of New Hampshire.

TRANSCRIPT ACTION:

FOR SECURITY REASONS, WE DO NOT EMAIL TRANSCRIPTS

Check All That Apply:

Number of Copies: _____

Mail transcript

Send Transcript:

Student will pick up (ID Required)

TO: _____

Hold for current semester final grades

STREET: _____

Hold until notation of degree posted

CITY, STATE, ZIP: _____

FAX (Unofficial)

Include Full Mailing Address & School Name
Write on Back for Additional Addresses

Student Signature: _____ **Date:** _____