

Please fill out this form to request information from your student record on file at Galveston College. Note – any record which contains another student's non-directory information cannot be released. The Admissions Office can only release <u>student</u> records which are maintained in its possession. For other records, you will need to contact the appropriate office/department.

This form is not to be used to request an official transcript. Please use the Transcript Request Form to request an official transcript.

Student Name:	Student ID N	Student ID Number:		
Address:	City	State	Zip	
Record(s) Requested:				
I am requesting a copy of the record(s) I release of these records.	listed above and release Galv	reston College fro	om all liability rela	ited to the
Student Signature		Date		
***STAFF USE ONLY***				
☐ Identity Verified				
□ Records Released Date		Staff Init	als	
Comments/Notes:				