GRAYSON COLLEGE

Center for Workplace Learning
Records Request Form

Type of records request

☐ Unofficial Transcript

☐ Digital Certificate

Class: _____

☐ Schedule

Schedule Term and Year (Example: Fall 2021): _____

☐ Billing Statement

Billing Term and Year (Example: Fall 2021) _____

Student Information

Name: _____

Last Four Digitals of Social Security Number (SSN): _____

Birth Date (MM/DD/YYYY): _____

Student Notification and Authorization

I, authorize Grayson College Center for Workplace Learning to release my educational records for my personal use on this day.

Signed: _____ Date: _____