



Gauteng City College

Academic Record Request Form – 2025

Instructions:

Please complete all sections of this form. Submit it to the Registrar's Office or email it to: records@gautengcitycollege.ac.za. Processing may take up to 5 working days.

Student Information

Field	Details
Full Name	
Student Number	
ID/Passport Number	
Contact Number	
Email Address	
Programme of Study	
Year(s) Attended	

Request Details

Field	Details
Type of Record Requested	<input type="checkbox"/> Full Academic Transcript <input type="checkbox"/> Statement of Results <input type="checkbox"/> Graduation Confirmation
Purpose of Request	<input type="checkbox"/> Employment <input type="checkbox"/> Further Studies <input type="checkbox"/> Personal Use <input type="checkbox"/> Other: _____
Delivery Method	<input type="checkbox"/> Collect in Person <input type="checkbox"/> Email <input type="checkbox"/> Courier (additional fee applies)
Recipient Details (if applicable)	Name: _____ Email: _____ Institution/Company: _____

 **Declaration**

I hereby confirm that the information provided is accurate and I authorize Gauteng City College to release my academic records as requested.

Signature: _____

Date: _____

 **Office Use Only**

Field	Details
Date Received	
Processed By	
Date Processed	
Notes	