



800 Veterans Parkway North
Moultrie, GA. 31788
(229) 891-7000
(229) 891-7010 (fax)

OFFICIAL TRANSCRIPT REQUEST

OFFICE OF THE REGISTRAR

Request Completed	Paid

COMPLETE ALL INFORMATION BELOW - MUST USE BALLPOINT PEN OR TYPE

STUDENT NAME AND ADDRESS _____

RELEASE TRANSCRIPT TO _____

NUMBER OF COPIES TO BE SENT	DATE OF REQUEST	SOCIAL SECURITY #
DATE OF BIRTH	CURRENTLY ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT STATUS? <input type="checkbox"/> GRAD <input type="checkbox"/> U/G
DIPLOMA RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A CANDIDATE FOR A DIPLOMA THIS QUARTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES OF ATTENDANCE FROM _____ TO _____		
IF YOUR NAME HAS CHANGED SINCE YOUR RECORD WAS ESTABLISHED PLEASE PRINT ORIGINAL NAME		
PROGRAM ATTENDED	SEND TRANSCRIPT <input type="checkbox"/> NOW AT END OF QUARTER WHEN FINAL GRADES ARE POSTED	
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- \$5.00 processing fee per transcript.
- Allow 3 working days for processing.
- **ALL** financial obligations must be reconciled before transcripts will be released.
- Use a separate form for each different mailing address
- Print neatly, as address is transferring to envelope.

BC B5890 7/09



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