



Transcript Request Form

Today's Date: _____

PERSONAL INFORMATION

NAME _____
(Last Name, First Name, Middle Initial. Include all names you attended under)

GCID or SSN NUMBER _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME TELEPHONE _____ E-MAIL ADDRESS _____

GCSU INFORMATION

LAST TERM ATTENDED _____ Year _____

UNDERGRADUATE DEGREE EARNED _____ DATE: _____

GRADUATE DEGREE EARNED _____ DATE: _____

PROCESSING INFORMATION

- PROCESS NOW
- PROCESS AFTER FINAL GRADES FOR TERM _____ YEAR _____
- PROCESS AFTER INCOMPLETE FOR COURSE # _____ TAKEN _____ TERM IS COMPLETE
- DEGREE PROCESS AFTER DEGREE IS POSTED FOR TERM _____ YEAR _____

NUMBER OF COPIES NEEDED _____

MAILING INFORMATION

#1	#2
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT SIGNATURE _____

Mail requests to: GCSU, Office of the Registrar, Campus Box 069, Milledgeville, GA 31061 or fax requests to (478) 445-1914.
Transcripts will be mailed one to two working days after we receive your request. Additional time should be allowed for requests made during peak periods of the academic year or at the end of the semester.