



Office of the Registrar
Transcript Request Form

Today's Date: _____

PERSONAL INFORMATION

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

SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME TELEPHONE _____ E-MAIL ADDRESS _____

GC&SU 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

Mail requests to: GC&SU, Office of the Registrar, Campus Box 69, Milledgeville, GA 31061 or fax requests to (478) 445-1914. Although we accept faxed requests for transcripts, we are UNABLE to fax transcripts. Transcripts should be mailed within 4 working days after being received in the Office of the Registrar. However, allow 2-3 weeks during peak periods.

STUDENT SIGNATURE