



Transcript Request Form

Today's Date _____

PERSONAL INFORMATION

Name _____

Last Name, First Name, MI, Include all names you may have attended under

GCID or SSN _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Daytime Phone Number _____

GC 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 _____ Year _____ is complete

Process After Degree is Awarded for Term _____ Year _____

Number of Copies Needed _____

MAILING INFORMATION

Issued To: _____

Issued To: _____

Address _____

Address _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

STUDENT SIGNATURE

Form MUST be printed and signed before faxing or mailing to GC Registrar's Office

Forward completed Transcript Request Forms to: GC, 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.