



Office of the Registrar
 11935 Abercorn Street
 Savannah, Georgia 31419-1997
 Phone (912) 344-2576
 Fax (912) 344-3470

For Office Use only Date _____ Sent by _____

Transcript Request Form

Please complete all spaces provided. All information requested is necessary in order to process your request in a timely manner. **Please note:** All departmental and financial encumbrances must be cleared before transcript can be released. Transcripts are provided at no charge.

| | | | |
|-------------------------|-------------|------------------------------|----------------------------------|
| Student Data | | | |
| Student ID Number _____ | | Address No. and Street _____ | |
| Student Last Name _____ | First _____ | Middle (Maiden) _____ | City _____ State _____ Zip _____ |
| Student Signature _____ | | Day Time Phone Number _____ | |

| | | |
|---|--|---------------------------------------|
| When to send Transcript: (Transcripts will be sent within one week) | | Term/Year First Enrolled _____ |
| _____ Send transcript now | | Term/Year Last Enrolled _____ |
| _____ Hold until current grades are posted | | Presently Enrolled Yes _____ No _____ |
| _____ Hold until incomplete grade is posted | | Date of Birth _____ |
| _____ Hold until degree requirements are posted | | |

Mail Transcript to: (Print Complete Address)
 Number of copies requested _____

 Name/Office

 Address (No. and Street)

 City State Zip

Mail Transcript to: (Print Complete Address)
 Number of copies requested _____

 Name/Office

 Address (No. and Street)

 City State Zip

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