

REGISTRAR'S OFFICE
ALBANY STATE UNIVERSITY
504 COLLEGE DRIVE
ALBANY, GA 31705

ACADEMIC TRANSCRIPT REQUEST FORM

Office Numbers (229) 430-4638 OR (229) 430-1636
Fax Number (229) 430-2953

Transcript fee is \$3.00 per transcript. All financial obligations must be satisfied before transcript is released. Transcripts will be sent out in approximately 3 days. However, during peak periods, please allow up to 7 days.

Are you currently attending: Yes No
If no, Term/Year last enrolled: _____
Graduated: Yes No _____
Term Year

Student Social Security Number XXX-XX- _____ Date of Birth _____
LAST FOUR DIGITS

First Name _____ M.I. _____ Last Name _____

All Names at time of enrollment _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Work) _____

Student's Signature (Transcript will not be released without your signature) _____ Date _____

MAIL TRANSCRIPT TO:

Number of copies requested: _____

MAIL TRANSCRIPT TO:

Number of copies requested: _____

SPECIAL REQUESTS

- Send Transcript Now
- Send Transcript at End of Term
- Send Transcript after Incomplete Grade is Posted
- Send Transcript after Degree Requirements are Met

PURPOSE OF TRANSCRIPT

- Teacher Certification
- Applying to Graduate School
- Official Transcript
- Student Copy
- Other

OFFICE USE ONLY: DATE RECEIVED _____ **DATE MAILED** _____ **NAME OF STAFF REPRESENTATIVE** _____