Office: 229-430-4638 Fax: 229-430-2953



OFFICE OF ACADEMIC SERVICES AND REGISTRAR ACAD BUILDING ROOM 283 504 COLLEGE DRIVE ♦ ALBANY, GA 31705

ACADEMIC TRANSCRIPT REQUEST FORM	
Transcript fee is \$3.00 per transcript. All financial obligations must be satisfied before transcript is released. Transcripts will be sent out in approximately 3-5 business days. However, during peak periods, please allow up to 7 days	Are you currently enrolled? Yes No Sirst Term Enrolled: Graduated: Term Date
Ram ID NumberStudent Social Se	ecurity Number XXX-XXDate of Birth
First Name M.I	(Last Four bigits) Last Name
All names at time of attendance (If different)	
Street Address	
City State	Zip Code
	(E-mail Address)
Student's Signature	Date
(Transcript will not be released without your signature)	
MAIL 1st TRANSCRIPT TO: (Print Complete Address)	MAIL 3rd TRANSCRIPT TO: (Print Complete Address)
Number of copies requested:	Number of copies requested:
Name	Name
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City State Zip	City State Zip
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	Name
Address	Address
City State Zip	City State Zip
Special Requests	Purpose of Transcript
Send transcript now.	Official transcript
Send transcript after current grades are posted.	Student transcript
Send transcript after incomplete grades are posted	Teacher Certification
 Term Year	Applying to Graduate School
Send transcript after degree requirements are met	Other
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