



Transcript Request Form

Graduate School
504 College Drive
Albany, Georgia 31705
229-500-2022

Note: This form is for Albany State University graduates and individuals who currently attend or previously attended Albany State University.

Please complete this form and use it to request ONE official copy of your Albany State University transcript to be forwarded to Albany State University's Graduate School. **Completed forms are to be submitted to the Graduate School's Office.** The requested transcript is **FREE** and only for the use of the Graduate School for graduate admission purposes. The form can be faxed to (229) 430-2867 or emailed to graduateadmissions@asurams.edu.

Name of Applicant _____

Social Security Number or RAM ID Number (**RAM ID Preferred**) _____

Telephone Number _____

Current Address _____

Other names under which the transcript may be listed

Are you currently enrolled and scheduled for graduation? (Yes or No) _____

If Yes to the question above, indicate your anticipated graduation month and year _____

Dates of Attendance:

From

To

Signature

Date