

TRANSCRIPT REQUEST

INSTRUCTIONS: Use this form to request copies of your academic transcripts for both high school and college (if applicable.) Please complete this form and mail to the school(s) you previously attended.

DATE: _____

I attended _____

from _____, _____ to _____, _____.

*** Copy of transcript MUST show the date you graduated from high school. ***

I authorize _____ to release my records to:

OFFICE OF ADMISSIONS
ATHENS TECHNICAL COLLEGE
800 U.S. HIGHWAY 29 NORTH
ATHENS, GA 30601-1500

Signature (required) _____

Name while enrolled in high school/college : _____

Married name (if applicable): _____

Current address: _____

Social Security Number/ Student ID: _____

Date of Birth _____

*****If you are a current high school senior, we will need a copy of your FINAL transcript to certify that you are a high school graduate*****

*****SCHOOL OFFICIAL: PLEASE ATTACH THIS FORM TO THE TRANSCRIPT BEFORE MAILING******