



TRANSCRIPT REQUEST

High School - GED - College

Complete this form and mail to your High School, GED test center, or College.

Present Name: _____ Social Security #: _____

Name on School Record _____

Address: _____ City, State & Zip _____

Previous Name: _____ Birth date: _____ Phone: _____

Circle Correct Campus Below*

I certify that the above information is correct and that misrepresentation may result in invalidating my request:

Signature: _____ Date: _____

*For High School or College transcript
complete this block*

*For GED transcript
complete this block*

<p style="text-align: center;">_____ Name of School</p> <p style="text-align: center;">_____ Years attended</p> <p style="text-align: center;">_____ Date of graduation</p> <p style="text-align: center;">Check one if appropriate: <input type="checkbox"/> Expect to graduate <input type="checkbox"/> Did not graduate</p> <p>If you want your college transcript evaluated for transfer credit that applies to your current program of study, you must complete a <i>Transfer Credit Evaluation Request</i> form.</p>	<p style="text-align: center;">_____ Name of Test Center</p> <p style="text-align: center;">_____ Year certificate was issued</p> <p style="text-align: center;">For a GED earned within the state of Georgia mail request form with an \$8.00 money order to:</p> <p style="text-align: center;">Office of Adult Education GED® Testing Program (GaGTP) 1800 Century Place, Suite 300B Atlanta, Georgia 30345 404-679-1645</p>
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Attention School Officials:

The above named student has applied for admission to Southern Crescent Technical College. It is important that we receive a transcript to process his/her application. Send official transcript with a copy of this form to:

Southern Crescent Technical College
(Circle Correct Campus)

<p>GRIFFIN CAMPUS* Admissions Office 501 Varsity Road Griffin, GA 30223</p>	<p>FLINT RIVER CAMPUS* Admissions Office 1533 Highway 19 South Thomaston, GA 30286-4752</p>
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