TRANSCRIPT REQUEST

Social Security # _____

Student: _____
Last *First* *Middle* *Maiden*

Present Address _____

City _____ State _____ Zip Code _____

Phone # (work) _____ Phone # (home) _____

Campus Attended:
( ) Atlanta
( ) Augusta
( ) Columbus/Ft. Benning
( ) Kings Bay
( ) Madison
( ) Milledgeville-College
( ) Milledgeville-High School
( ) Sandersville
( ) Valdosta
( ) Warner Robins
( ) Other (specify site):_____

Hand Carry ( )
OR Mail to: _____
_____
_____
_____
_____

Cadet ____ Commuter ____ Freshman ____ Sophomore____ Transient____

Currently enrolled at GMC? ( ) Yes ( ) No
If "No", last term enrolled: _____
Dates of Attendance: From _____ To _____

( ) Hold until current quarter grades are posted. _____ Quarter
( ) Hold for Degree.
( ) Hold for Evaluation of Transfer Credit
( ) Send as soon as possible

Transcripts will not be issued unless all obligations are cleared. Official academic transcripts of your record from other institutions must be obtained from the institutions issuing the credit. A $3.00 **NON-REFUNDABLE** fee is required for each transcript requested.

Student Signature: _____ Date: _____

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COLLEGE USE ONLY

# of copies: ____ Amount paid: _____/Receipt #: _____ Account Clear: _____

Student Status: _____Unconditional _____Conditional _____Provisional--**Unofficial only**.

Mail to: Georgia Military College, Attn Registrar's Office,
201 E. Greene St., Milledgeville, GA 31061
Phone: 478-387-4841 Fax: 478-445-3378
(Call 478-387-4847 to make payment by phone.)

Rvsd: 06/09