

TRANSCRIPT RELEASE

FROM STUDENT:

Name

Home Address

City, State, ZIP

Phone

TO INSTITUTION:

Official (if applicable)

Name of Institution

Street Address

City, State, ZIP

To Whom It May Concern:

Please mail a sealed, official academic transcript for the student listed above to:

**Georgia Military College
Office of Admissions
801 Duke Avenue
Warner Robins, GA 31093**

If the transcript does not provide an explanation of credit hours and computation of grade point average, please attach an explanation. A high school transcript should reflect completion of all graduation requirements and graduation date. A college transcript should reflect completion of all courses and degree requirements, as they apply. If an official transcript is not yet available for courses completed for the most recently attended term, please include an official statement reflecting courses completed and grades received for that term.

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974. This letter authorizes you to release a copy of my academic records. I would appreciate your prompt response to this request, since the transcript is required to support an application to Georgia Military College.

Student's Signature

Student's Full Name

Social Security Number

Dates of Attendance