

## **TRANSCRIPT REQUEST**

## PLEASE READ CAREFULLY:

- Transcripts are \$3.00 each to be paid at the Cashier's window (2<sup>nd</sup> floor, Allman Bldg.) prior to issue.
- Print clearly and fill in all the blanks.
- Partial transcripts will not be issued.
- Transcripts will not be issued until all financial obligations to the College are satisfied.
- Transcripts will not be released to anyone except the student without appropriate authorization.
- Transcripts are available Monday Thursday, 8:30AM to 6:00PM, & Friday, 8:30AM to 2:00PM.
- Once issued, transcripts will not be revalidated.
- GED transcripts/score reports are provided by the state GED Office, not by Forsyth Tech.

STUDENT ID	OF	Social Security Number xxx - xx -		
NAME:				
Last Name used at time of enrollment if di		First	Middle/Former Name(s)	
Name				
Last		First	Middle/Former Name(s)	
Telephone Number ()		Date of Birth/	_/	
Are you currently enrolled? ☐ Yes ☐ No		If No, dates last enrolled: STAR	Γ END	
Check the transcript type you		college credit courses)CONTINUING E FORSYTHTECH ADULT HIGH SCHOOL	DUCATION (non-credit)	
I would like my transcript:		_FORSTHIECH ADULT HIGH SCHOOL		
☐ PICKED UP NOW		☐ MAILED (enter address(es	☐ MAILED (enter address(es) below)	
☐ HELD FOR CURRENT SEMESTER GRADES		☐ HELD UNTIL DEGREE IS RECORDED		
I would like:				
☐ OFFICIAL COPY with the school seal & sealed in envelope			☐ STUDENT COPY states "Issued to Student" & stamped "UNOFFICIAL"	
MAIL TO:				
1		2		
	Put additional	l addresses on the back.		
<b>OR</b> – I request that the follo Print Name of person to pic		ick up my transcript for me (person must presen	t a photo ID to do so.):	
STUDENT SIGNATURE:		DATE		
OFFICE USE ONLY:	Receipt Number	Number of Copie:	S	