

TRANSCRIPT REQUEST

PLEASE READ CAREFULLY:

- Transcripts are \$3.00 each. Pay at Cashier's window (2nd flr. Allman Bldg.) or mail check or money order.
- Print clearly and fill in **all** blanks.
- Partial transcripts cannot be issued.
- Transcripts cannot be issued until all financial obligations to the College are satisfied.
- Transcripts cannot be released to anyone except the student unless appropriate authorization is provided.*
- Transcripts are available for pick up Monday – Thursday, 8:30AM to 7:00PM, & Friday, 8:30AM to 2:00PM.
- Once issued, transcripts will not be revalidated.
- GED transcripts/score reports are provided by the state GED Office (919-807-7137).

STUDENT ID _____ **OR** Social Security Number xxx - xx - _____

NAME: _____
Last First Middle/Former Name(s)
Name used at time of enrollment if different from above.

Name _____
Last First Middle/Former Name(s)

Telephone Number (_____) _____ - _____ Date of Birth ____/____/____

Are you currently enrolled? Yes No If No, dates last enrolled: START _____ END _____

Check the transcript type you want: ____ **CURRICULUM** (*college credit courses*) ____ **CONTINUING EDUCATION** (*non-credit*)
 ____ **FORSYTHTECH ADULT HIGH SCHOOL**

I would like my transcript:

- | | |
|---|--|
| <input type="checkbox"/> PICKED UP NOW | <input type="checkbox"/> MAILED (enter address (es) below) |
| <input type="checkbox"/> HELD FOR CURRENT SEMESTER GRADES | <input type="checkbox"/> HELD UNTIL DEGREE IS RECORDED |

I would like:

- | | |
|---|--|
| <input type="checkbox"/> OFFICIAL COPY with the school seal & sealed in envelope | <input type="checkbox"/> STUDENT COPY states "Issued to Student" & stamped "UNOFFICIAL" |
|---|--|

MAIL TO: **Name & Address**

1. _____ 2. _____

Put additional addresses on the back.

OR – I request that the following person be permitted to pick up my transcript. (This person must present a photo ID to do so.)*
 Print Name of person to pick up transcript: _____

STUDENT SIGNATURE: _____ **DATE** _____

OFFICE USE ONLY:	Receipt Number _____	Number of Copies _____
	Prepared by _____	Date _____