

ATTENTION STUDENT:

Please either contact or send this form to the Registrar of the college/university you are attending to request an official transcript. If you have attended more than one college/university, contact each one and have them send us an official transcript. Be sure to include with your request enough money to cover any charge for transcripts.

TO THE REGISTRAR: I, the undersigned student, am requesting that an official transcript be sent to:
OFFICE OF ACADEMIC ADMISSIONS
170 Kelly Building - Administration
Medical College of Georgia
Augusta, Georgia 30912-7310

Presently enrolled: Yes No If no, date last enrolled: _____ quarter, _____.

School/Division enrolled in: _____

Full name under which enrolled: _____

Social Security Number or Student Number: _____

Amount enclosed for transcript: \$ _____

Student Signature: _____

Present mailing address: _____