

Current (please p	Name on Record: rint)			
First		Middle Initial	Last	-
Student Social S	ID or ecurity Number			_
Phone N	umber	Email Address		
Date of ⁻	est			
Check One:				
To be picked up				
To be e Recipi	emailed ent's Name	Em	ail	
Please submit this form to the Student Affairs office at Appalachian, Canton, Marietta, Mountain View, North Metro, or Paulding campus.				
Allow at least two (2) business days for request to be processed.				
This form is to be used only by those who have not taken any courses at Chattahoochee Technical College. If you have completed any courses, please submit a Transcript Request Form to the Student Affairs office at any of the above listed campuses.				
	I give Chattahoochee Technical person listed above. I understa indicates that the receiving inst	nd that my choosing to h	ave the scores sent via email	
Signature			Date	