Transcript Request

STEP 1: Your Information

Name: ____________________________ Student ID or SSN: ____________________________

First Middle Initial Last Date of Birth: ____________________________

Phone Number: (_____) _______ Area Code ____________________________

Date of Birth: ___________ Month/Day/Year

Personal Email Address: ______________________________________________

(Used ONLY to send you confirmation notices when an electronic transcript is sent to a participating receiving college or university)

STEP 2: Delivery Options (Note: Choose only one delivery option per request form)

___ Send an electronic transcript
___ Mail transcript
___ Email Address ______________________________________________

(Electronic submissions arrive faster. Your request will be sent via ESCRIP if your school is an ESCRIP receiver. Recipients have 14 days to download the electronic transcript. If the electronic transcript has to be resent; it will cost an additional $5.00 per submission.)

STEP 3: Delivery destination and quantity * (Where do you want us to send your transcript?)

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<th>No. Copies</th>
<th>Important: A mailing address is required for both electronic and mail option deliveries.</th>
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STEP 4: Processing Options – choose one option per request

___ Send immediately
___ If currently enrolled, send after grades are posted (7 days after final grades submitted)
___ If graduation has not been awarded, send after degree/diploma/certificate is posted
   (Please allow 2-4 weeks after completion of graduation requirements)

STEP 5: Release Authorization Requested

Signature: ____________________________ Date: ____________________________

(Your signature is required for processing and delivery.)

STEP 6: Payment Procedure

Submit this form to the Registrar/Student Affairs Office on any CTC campus along with $5 non-refundable processing fee per transcript request. Please allow 5-7 business days for processing.

By mail:
Chattahoochee Technical College
Bursar’s Office
980 South Cobb Drive
Marietta, GA 30060-3398

By fax:
Fax Number: 770-443-3654
THEN call to pay with debit/credit card: 770-443-3625

Revised 09/25/20112  Official Use: Receipt #_____  Amount Paid_____  Date_____