

# REQUEST FOR OFFICIAL TRANSCRIPT

Send this form to the Transcript Issuing Institution - Not to Augusta State University

**TO:** Office of the Registrar

\_\_\_\_\_  
College or University

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City

State

Zip Code

I have applied for admission to the graduate program in the College of Education at Augusta State University. Please send an official copy of my transcripts to:

**Coordinator of Graduate Admissions  
College of Education  
Augusta State University  
2500 Walton Way  
Augusta, Georgia 30904-2200**

I was enrolled during the years \_\_\_\_\_

I appreciate your prompt attention to this request.

Respectfully,

Signature \_\_\_\_\_

Social Security Number and/or Student Number \_\_\_\_\_

Name as it appears on university records \_\_\_\_\_

\_\_\_\_\_ transcript fee enclosed

\_\_\_\_\_ please bill me at: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My phone number is: (\_\_\_\_\_) \_\_\_\_\_