



Request for Transcript

Prospective Student Instructions: Please complete the entire form (with signature and date) and mail or fax directly to each high school, college, or university from which you have earned your high school diploma, GED, or post-secondary (college or university) credit. It is very important that we receive all of your transcripts before we can accept you for admission to the College and/or approve you for financial aid.

Student's Full Name: _____

Name While Attending (If different): _____

Current Home Address: _____

Street: _____ Apartment #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Current email Address _____

Social Security Number: _____ Birth Date: _____

Former School/College Attended: _____

Street/PO Box _____

City _____ State _____ Zip _____

Course(s)/Program of Study _____

Dates Attended _____ Graduation Date _____ # of Copies Requested _____

Student Signature _____ Date _____

*** NOTE TO RECEIVING ORGANIZATION:** If a transcript fee is required, please return this form to the person requesting the transcript at the current address above with information concerning the fee. Thank you

PLEASE MAIL OFFICIAL TRANSCRIPT TO:
SOUTHWEST GEORGIA TECHNICAL COLLEGE
ADMISSIONS
15689 US HIGHWAY 19 NORTH
THOMASVILLE, GA 31792