

NORTH GEORGIA COLLEGE & STATE UNIVERSITY

TRANSCRIPT REQUEST FORM

Please print all information clearly. Illegible requests will not be processed. All outstanding financial obligations to NGCSU must be cleared before a transcript can be issued.

Student's Full Name and Address:

(Please include all previous/prior names)

Date of request: _____

Number of copies requested: _____

Type of transcript requested?

Official copy Unofficial copy

(A final destination for each official transcript must be provided.)

Transcript to be issued when?

Now After end of term grades After graduation

Email

Address: _____

ngcsuID#: _____

Currently enrolled at NGCSU? Yes No

Date of Birth: _____

If No, date last attended? _____

Day Phone: _____

Fee:

Transcripts mailed to recipients within the USA are free (up to 3 per request per day). A fee of \$10 will be charged per transcript issued on a walk-in basis.

Delivery method:

Student will pick up (date) _____

Send to the following destination

(Only one final destination may be listed on each transcript request form submitted.)

Submit completed forms to:

Office of the Registrar
Price Memorial Hall, Room 221
NGCSU
Dahlonega, GA 30597

Or fax forms to:

706-867-2749

Signature: _____

A request must be submitted at least **one week** before the transcript is needed.

Office of the Registrar
Price Memorial Hall, Room 221
Dahlonega, GA 30597
706-864-1760