



TRANSCRIPT REQUEST
High School • GED • College

Complete this form and mail to your High School, GED test center, or College.

Present Name: _____ Social Security #: _____

Address: _____ Phone: _____

Previous Name: _____ Birthdate: _____

I certify that the above information is correct and that misrepresentation may result in invalidating my request:

Signature: _____ Date: _____

*For High School or College transcript
complete this block*

*For GED transcript
complete this block*

<p>_____ Name of School</p> <p>_____ Years attended</p> <p>_____ Date of graduation</p> <p>Check one if appropriate: <input type="checkbox"/> Expect to graduate <input type="checkbox"/> Did not graduate</p> <p>If you want your college transcript evaluated for transfer credit that applies to your current program of study, you must complete a <i>Transfer Credit Evaluation Request</i> form.</p>	<p>_____ Name of Test Center</p> <p>_____ Year certificate was issued</p> <p>For a GED earned within the state of Georgia mail request form with a \$5.00 money order to:</p> <p>Georgia Dept. of Technical & Adult Education GED Testing Services 1800 Century Place, NE Suite 555 Atlanta, GA 30345-4304 (404) 679-1644</p>
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Attention School Officials:

The above named student has applied for admission to Griffin Technical College. It is important that we receive a transcript to process his/her application. Send official transcript with a copy of this form to:

GRIFFIN TECHNICAL COLLEGE
Admissions Office
501 Varsity Road
Griffin, GA 30223