



*A Unit of the Technical College
System of Georgia*

*3200 Augusta Tech Drive
Augusta, GA 30906
Phone: (706) 771-4000
Fax: (706) 771-4034
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HIGH SCHOOL/POSTSECONDARY TRANSCRIPT REQUEST

Contact your high school or college to determine if payment is needed for processing your request.

To: Registrar

(Name of High School/Postsecondary Institution)

(Address)

(City, State, Zip Code)

From:

(Name of Student)

(Former Name if Applicable)

(Social Security Number)

(Date of Birth)

(Present Address)

(City, State, Zip Code)

Dates of Attendance or Graduation Date: _____

I am hereby requesting an official, sealed copy of my high school/postsecondary transcript.

Please send the transcript to the following address:

**Office of the Registrar
Augusta Technical College
3200 Augusta Tech Drive
Augusta, GA 30906**

Your assistance and prompt reply will be appreciated.

Student Signature: _____ Date: _____

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RELIGION, SEX, MARITAL STATUS, VETERAN STATUS, DISABILITY, ACADEMIC, OR ECONOMIC
DISADVANTAGE.**