



A Unit of the Technical College
System of Georgia

3200 Augusta Tech Drive
Augusta, GA 30906
Phone: (706) 771-4000
Fax: (706) 771-4034
Web: www.augustatech.edu

ATC Transcript Request

PLEASE ALLOW 5 TO 7 BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED
ARCHIVED RECORDS (1992 OR BEFORE) MAY REQUIRE ADDITIONAL PROCESSING TIME

SSN/Student ID: _____

PLEASE PRINT LEGIBLY

Name:

Last

First

Middle

Name:

Other names used at Augusta Technical College (i.e. maiden, former married name)

Home Address:

Phone Numbers (Home) _____

(Other) _____

Dates/Years Attended:

Program(s) of study while attending ATC:

Check One:

Currently Enrolled

Graduated

Withdrew

Did Not Graduate

Number of Copies Requested:

_____ Student Copy to be sent to the address above.

_____ Official Copy to be sent to the address above.

_____ Official Copy - Please list the address(es) to send transcript(s).

A.

B.

Student Signature:

Date:

- There is a \$5.00 charge for each transcript issued after all free transcripts have been requested. *

*** Please allow ten (10) business days for a personal check to clear.**