



HIGH SCHOOL/POSTSECONDARY TRANSCRIPT REQUEST

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

To: High Counselor/Registrar

(Name of High School/Postsecondary Institution)

(Address)

(City, State, Zip Code)

(Phone Number)

(Fax Number)

From:

(Name of Student)

(Former Name If Applicable)

(Social Security Number)

(Date of Birth)

(Present Address)

(City, State, Zip Code)

(Phone Number)

(Email Address)

Dates of Attendance or Graduation Date: _____

I am hereby requesting an official, sealed copy of my high school/postsecondary transcript. Augusta Technical College is able to accept electronic transcripts via **Escrip-safe, Parchment, or National Student Clearinghouse**. Electronic transcripts may also be emailed to Student.Records@AugustaTech.edu.

Please send the transcript to the following address:

**Augusta Technical College
Office of Student Records
3200 Augusta Tech Drive
Augusta, GA 30906**

Your assistance and prompt reply is greatly appreciated.

Student Signature: _____

Date: _____

AUGUSTA TECHNICAL COLLEGE DOES NOT DISCRIMINATE IN ITS EDUCATIONAL PROGRAMS, ACTIVITIES, OR EMPLOYMENT POLICIES ON THE BASIS OF RACE, COLOR, ETHNIC, OR NATIONAL ORIGIN, CREED, RELIGION, SEX, MARITAL STATUS, DISABILITY, ACADEMIC, OR ECONOMIC DISADVANTAGE.