GEORGIA HIGHLANDS COLLEGE TRANSCRIPT REQUEST

Please fill out the information below, print, and sign. This form can be dropped off in person, faxed to (706)295-6341, or mailed. Please mail to: Enrollment Management, Georgia Highlands College, 3175 Cedartown Hwy, Rome, GA 30161.

Name ___________________________ GHC ID # ___________________________

Other Name/s you may have attended under ___________________________ Date of Birth ___________________________

Address ___________________________ Telephone # ___________________________

Home ___________________________ Work ___________________________

City ___________________________ State ___________________________ Zip ___________________________

Email Address ___________________________ Dates Attended ___________________________

Send Transcript Now            Hold for Grade Change

Hold for Current Grades           Hold for Degree Posting

PLEASE GIVE COMPLETE NAME AND ADDRESS OF RECIPIENT/S

Transcript 1 – No of copies – ___________________________

Transcript 2 – No of copies – ___________________________

Transcript 3 – No of copies – ___________________________

Attn: ___________________________ Attn: ___________________________

Signature ___________________________ Date ___________________________