



### 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 –*

Attn:

*Transcript 2 – No of copies -*

Attn:

*Transcript 3 – No of copies –*

Attn:

Signature \_\_\_\_\_ Date

