



Office of the Registrar
1400 Coleman Avenue | 108 Langdale Hall, Macon, Georgia 31207-0001
Phone (478) 301-2494 • Fax (478) 301-2455 • Email: registrar@mercer.edu

TRANSCRIPT REQUEST FORM

Complete a separate form for each different official transcript destination.

Name: _____
Last First Middle Maiden
Current Address _____ Date of Birth: _____
City State Zip Code ID#: _____ Or Last 4 Digits of SS#
Email: _____ Phone: _____

If you were registered under **another name** at Mercer, please complete:

Previous Names: _____
Last First Middle Maiden/Married

If you are not currently enrolled, please indicate dates or terms of attendance: _____

If you attended **Tift College, Forsyth GA**, please indicate dates or terms of attendance: _____

Normal Mailing or Pick up

No Charge for requested transcripts with processing time of at least **two working days**, and at the beginning and end of the term up to **one week**.

- ☐ Please issue now by normal processing.
- ☐ Please issue these transcripts **after grades** for the current term have been posted.
- ☐ Please issue these transcripts **after my degree** has been posted. I expect to finish degree/certification requirements (date/term) _____.

Special Processing

Each service requires the separate fee listed.

- If you are a **current** student, credit card payments can only be done on-line at by logging into MyMercer portal and paying through Quick Pay.
- If you are **NOT a current** student, **Make check payable to Mercer University** and send your check to the Office of the Registrar, 1400, Coleman Ave, Macon, GA 31207. To expedite service, you may fax your request to **(478)301-2455** and mail the original request with check enclosed (indicate request was faxed).

- ☐ Same day mail service \$10.00 each copy
- ☐ Send by Fax (unofficial)* two working days \$5.00 OR ☐ Send by fax same day \$15.00

To Fax#: _____ Attention: _____

* If mailing address is included below, an official copy will be mailed in addition to the faxed copy.

I am requesting (number) _____ **Official** copies of my transcript to be sent to:

Attention: _____

Business or School Name _____
Street: _____

I will pick up: _____
Date/Time

City State Zip Code

Note: it is student's responsibility to furnish correct and complete legible addresses.

SIGNATURE REQUIRED

DATE

(4/13))mm