

Academic Transcript Request

SCAD

The University for Creative Careers

Federal law requires transcript requests be made in writing or through secure login to a student account (MySCAD). Fax, mail or email (preferred) this completed form to the registrar. Do not include Social Security or credit card numbers in emails. Transcripts will not be released until all financial obligations to the university are satisfied. **Normal processing time for transcript request is 3-4 business days.**

STUDENT INFORMATION

Name	Prior names	
Address		
City	State	ZIP
Country (if outside U.S.)		
Telephone	Email address	
Date of birth (MM/DD/YYYY) / /	Student ID	
Dates of attendance / / – / /		
Transcript requested for <input type="radio"/> SCAD (all locations) <input type="radio"/> ACA (Atlanta College of Art)		

I request copies of my academic transcript to be mailed to:	I request copies of my academic transcript to be mailed to:
Name	Name
Address	Address
City State ZIP	City State ZIP
Country (if outside U.S.)	Country (if outside U.S.)

OPTIONS

<input type="radio"/> Mail immediately	<input type="radio"/> Hold for grades	<input type="radio"/> Hold for degree	<input type="radio"/> Hold for pick up
Fees will be waived if transcript is sent directly to a scholarship provider. Is this for a scholarship application? <input type="radio"/> Yes <input type="radio"/> No			
Special mailing instructions: <input type="checkbox"/> Expedited FedEx delivery (additional \$25 charge)			

PAYMENT

Charges	Payment method
Transcript fee (\$10 per transcript) \$	<input type="radio"/> Check or money order (payable to SCAD) enclosed.
Expedited delivery (\$25) \$	<input type="radio"/> Pay by phone: Visa, MasterCard, Discover or American Express.
Total charges \$	Call me at _____ for payment.
	ACA transcript requests must be paid by check or money order. No credit cards accepted.

Electronic signatures will not be accepted.

I authorize release of my transcripts to the above individual or institutions and certify that all information provided is correct to the best of my knowledge.

Signature	Date / /
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Return to:

Office of the Registrar
P.O. Box 3146
Savannah, GA 31402-3146
Fax: 912.525.6200
Email: registrar@scad.edu

Return ACA transcript requests to:

SCAD Atlanta, Office of the Registrar
P.O. Box 77300
Atlanta, GA 30357
Fax: 404.253.3409
Email: registrar@scad.edu