

1235 Fifteenth Street Augusta, Georgia 30901 Tel: 706.821.8320 Toll free: 1.800.476.7703 Fax: 706.821.8648

Transcript Request Form

PLEASE DO NOT SEND THIS FORM BACK TO PAINE COLLEGE!!

Freshmen: Send this completed form to your high school counselor. Ask your

counselor to include your SAT or ACT scores on the transcript. Georgia graduates: please request your Georgia High School Graduation Test

scores to be sent with your transcript.

Transfers: Send this completed form to your high school and all colleges you have

attended.

PLEASE SEND TRANSCRIPT (S), AND TEST SCORES TO:

OFFICE OF ADMISSIONS PAINE COLLEGE 1235 FIFTEENTH STREET AUGUSTA, GA 30901

	(Last)	(First)	(Middle Or Maiden)
Address			
Students Socia	al Security Numb	oer	
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Dates of Atten	idance		
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