



REQUEST FOR TRANSCRIPT

Name of High School/College _____

Address or P.O. Box _____

City, State, Zip Code _____

Please send an official transcript to (*please check appropriate campus*):

☐ **Valdosta Campus**

**Admissions Office
Wiregrass Ga. Technical College
4089 Val Tech Road
Valdosta, GA 31602
Fax (229) 333-2153**

☐ **Coffee County Campus**

**Admissions Office
Wiregrass Ga. Technical College
706 West Baker Highway
Douglas, GA 31533
Fax (912) 389-4308**

☐ **Ben Hill-Irwin Campus**

**Admissions Office
Wiregrass Ga. Technical College
667 Perry House Road
Fitzgerald, GA 31750
Fax (229) 468-2110**

☐ **Cook County Workforce
Development Center
Wiregrass Ga. Technical College
1676 North Elm Street
Sparks, GA 31647
Fax (229) 549-6286**

☐ **Moody Air-Force Base
Extended Campus
Wiregrass Ga. Technical College
23rd FSS/FSDE
3010 Robinson Road
Moody AFB, GA 31699-1518**

Student Information:

Name _____
Last First MI Former Name

Last name in high school (if different from above) _____

SS# _____ Date of Birth _____

Last year attended _____

The student accepts responsibility for any transcript fee required at the time of the request.

Student's address _____

City, State, Zip _____

Student Signature _____

Date _____

****Please attach this form to the official transcript****

*****Transcripts must be received in a sealed envelope to be considered official*****

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