



Transcript Request Form

You can receive one official copy of your transcript at no charge. Subsequent copies are \$5.00 each. The transcript fee must be paid for in advance, and you may pay by check, charge card, or cash. Please pay the transcript fee in the Student Accounts office prior to requesting the transcript. The Student Accounts office will supply you with a receipt for your records.

Please Mail Request along with required fee to:

If you are ordering your initial free copy; please fax request form to:

**Bauder College
C/O Registrar's Office
384 Northyards Blvd. NW
Atlanta, GA 30313**

404-237-5183

Please allow 24 to 48 hours for processing.

Last Name:	
First Name:	
Middle Name or Initial:	
Social Security Number:	_____ - _____ - _____
Years Attended:	
Year Graduated:	
Program enrolled in:	
Current Street Address:	
Current Phone Number:	

Please check here if you want to pick up your transcript at the Registrar's office.

OR

Please check here if you want us to mail your transcript. Please print the complete name and address of the recipient(s) below.

Signature: _____ Date: _____