

GEORGIA HIGHLANDS COLLEGE TRANSCRIPT REQUEST

Please fill out the information below, print, and sign. This form can be dropped off in person, faxed to (706)295-6341, or mailed. Please mail to: Enrollment Management, Georgia Highlands College, 3175 Cedartown Hwy SE, Rome, GA 30161.

Name _____ GHC ID # _____

Other Name/s you may have attended under _____ Date of Birth _____

Address _____ Telephone # _____
Home _____ Work _____

City _____ State _____ Zip _____

Email Address _____ Dates Attended _____

Send Transcript Now _____ Hold for Grade Change _____
Hold for Current Grades _____ Hold for Degree Posting _____

PLEASE GIVE COMPLETE NAME AND ADDRESS OF RECIPIENT/S

Transcript 1 – No of copies – _____ *Transcript 2 – No of copies - _____*

Attn: _____ Attn: _____

Transcript 3 – No of copies – _____

Attn: _____

Signature _____ Date _____
