

OFFICIAL TRANSCRIPT REQUEST

Agnes Scott College, Office of the Registrar

Use this form if you graduated prior to 1985 or if any portion of your attendance was during or before 1985.

All other transcript requests must be made online through the National Student Clearinghouse

nationalstudentclearinghouse.org

NAME _____
Last First Middle

NAME DURING ATTENDANCE (if different): _____
Last First Middle

DATE OF BIRTH: _____ ASC ID NUMBER: _____

DATES OF ATTENDANCE: 19 _____ to 19 _____ GRADUATION DATE: _____

DAYTIME PHONE: _____ E-MAIL ADDRESS: _____
This information will only be used for the purposes of processing your transcript request, or contacting you if there is a question or concern.

REASON FOR REQUEST: Transfer application
 Application/Admission to Graduate or Professional School
 Employment
 Other _____

NUMBER OF COPIES: _____ **Transcripts are typically processed within 2-3 business days from the time we receive the request. Transcript requests will not be processed if you have a hold on your account.**

SEND TO:
Please print a complete address including the specific office or person to whom the transcript(s) should be sent. If you are sending transcripts to more than one address, please write additional addresses and number of transcripts to each institution on the back of this form or on an attached sheet. If you would like to pick up your transcript, please write "Hold for Pickup."

Official transcripts sent directly to you will be sent in a sealed envelope.

Transcripts are sent only upon your signed authorization:

SIGNATURE _____ DATE _____

Submit form by mail or electronically to: Agnes Scott College, Office of the Registrar, 141 E. College Ave. Decatur, GA 30030. email registrar@agnesscott.edu or fax 404-471-5255

Registrar's Office Use	Date Sent:	Hold:	Student Notified:
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