

OFFICIAL TRANSCRIPT REQUEST

Agnes Scott College Office of the Registrar

Use this form if you are requesting a transcript for a student who is currently attending Agnes Scott College. All other transcript requests must be made online through the National Student Clearinghouse.

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NAME _____
Last First Middle

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

DATE OF BIRTH: _____ d K z - ^ d W

DATES OF ATTENDANCE: _____ to _____ GRADUATION DATE: _____

DAYTIME PHONE: _____ ADDRESS: _____

REASON FOR REQUEST: Transfer application
 Application 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 to 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 a separate line.

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

Transcripts are sent only upon your signed authorization:

SIGNATURE _____ DATE _____

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Use	Date Sent	/v]š] o•	
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