



GEORGIA SOUTHERN UNIVERSITY
TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR
P.O. BOX 8092
STATESBORO, GA 30460-8092

OFFICE NUMBER (912) 478-5152
FAX NUMBER (912) 478-1448

There is no charge for a transcript, however, all financial obligations to Georgia Southern University must be satisfied before transcript is released. Note: Official transcripts sent directly to a student are marked "ISSUED TO STUDENT" and may not be accepted by a third party.

Are you currently attending: [] Yes [] No

Term/Yr Last Enrolled: _____

Date of Birth: _____

EAGLE ID

DAYTIME PHONE NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

MAIDEN NAME

LOCAL ADDRESS

CITY

STATE

ZIP

*STUDENT'S SIGNATURE (Note: Transcript will not be released without your signature.)

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: _____

City State Zip Code

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: _____

City State Zip Code

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: _____

City State Zip Code

REGISTRAR'S USE ONLY

Initial of clerk who processed request: _____

Date transcript sent: _____

PURPOSE OF TRANSCRIPT

- [] Teacher Certification
[] Applying to Graduate School
[] Other: _____

PROCESSING TIME

Transcripts will be sent out in approximately one week. However, please allow two to three weeks during peak periods.

SPECIAL REQUESTS

- [] Send transcript now.
[] Send transcript after current grades are posted.
[] Send transcript after incomplete grade is posted. Term _____ Year _____
[] Send transcript after degree requirements are met.
[] Other: _____

PERSONAL PICK-UP

Please allow two (2) days for processing of transcripts that will be picked up by student.

Number of copies requested: _____
(Unofficial copies are available on WINGS)

Date and time you will pick up: _____

(Note: You must have a valid ID card to personally pick up a transcript.)