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SOUTHERN REGIONAL
TECHNICAL COLLEGE

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SRTC Fax : 229-227-2727
Bookstore: 229-217-4151

OFFICIAL TRANSCRIPT REQUEST

OFFICE OF THE REGISTRAR

\$5.00 PROCESSING FEE PER TRANSCRIPT

Student's Full Name: _____

Name While Attending (If different): _____

Student's Address:

Street _____ Apartment# _____

City _____ State _____ Zip _____ Phone _____

Email _____ Date of Birth _____

Social Security Number: _____ - _____ - _____ OR 9000#: _____ - _____ - _____

Currently Enrolled: Y N

Attended before 1995: Y N

Years Attended: _____

Graduated: Y N

Print complete name, address and fax number of receiving institution below (*NOTE: Faxed transcripts are not considered official by most receiving institutions.*):

Mail _____

ESCRIP _____

Fax _____

Send Transcript NOW At the end of semester when final grades are posted.

Number of copies desired: _____

Please send a copy of my entrance exam scores only: _____

I request that my transcript be sent to the person or institution listed above:

Student Signature _____ Date _____

For Office Use Only

Date Paid: _____ Request Completed on: _____ Sent by: _____

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