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Thomasville, GA 31792
(229) 227-2689



SOUTHERN REGIONAL

TECHNICAL COLLEGE

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 **Dates of Attendance:** _____

Years Attended: _____

Attended before 1995: Y N **Year Graduated:** _____

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

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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