

419 College Drive  
Barnesville, GA 30204

GORDON STATE COLLEGE  
OFFICE OF THE REGISTRAR  
TRANSCRIPT REQUEST

Phone: 678-359-5022  
Fax: 678-359-5382

\*\*\*Transcript requests are generally processed within 5 business days\*\*\*

DATE OF REQUEST: \_\_\_\_\_

DATE LAST ATTENDED: \_\_\_\_\_  
(If not currently enrolled at Gordon State College)

NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_  
(Located on the front of your ID card)

NAME(S) YOU ATTENDED UNDER: \_\_\_\_\_  
(If different from current name)

Please complete the following information to help us locate your record and contact you if there is a problem providing your transcript:

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

LAST 4 DIGITS OF SS#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME & ADDRESS OF TRANSCRIPT RECIPIENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_

TRANSCRIPT TO BE: ( ) MAILED: ( ) NOW  
( ) END OF SEMESTER

*OR*  
( ) PICKED UP ON: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_